

Officeholder and Candidate  
Campaign Statement -  
Short Form

Date of election if applicable:  
(Month, Day, Year)

11/08/216

☐ Amendment (Explain Below)

Date Stamp

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2016  
CITY OF ANTIOCH  
CITY CLERK

CALIFORNIA  
FORM

470

For Official Use Only



ORIGINAL

1. Statement Covers Calendar Year 20 15 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Gilbert "Gil" Murillo

STREET ADDRESS

1764 Sanger Peak Way

CITY

Antioch

STATE

CA

ZIP CODE

94531

AREA CODE/DAYTIME PHONE NUMBER

(925) 219-1068

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Mayor

JURISDICTION (LOCATION)

Antioch

DISTRICT NUMBER  
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

01/29/2016

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form