



Form 470

(Interim Form)

CANDIDATES CAMPAIGN STATEMENT SHORT FORM

(GOVERNMENT CODE SECTION 84200-84214)

Period Jan. 7, 1975 through June 30, 1975

REGISTRAR OF VOTERS
COUNTY OF ALAMEDA

1975 JUL 24 AM 8:52

RECEIVED / FILED

DEPUTY
REGISTRAR _____

A candidate for whom not more than \$200 has been received or spent on behalf of his candidacy may file this short form.
NOTE: Once contributions or expenditures exceed \$200 for the ENTIRE CAMPAIGN, the candidate must file Form 430.

Name of candidate Mario J. Polvorosa

Residential address 28 Dabner Street, San Leandro, Calif. 94577 Phone (415) 569-9500
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Business address 27 Chumalia, San Leandro, Calif. 94577 Phone None
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Type of election Off-year Report Date of election _____
(PRIMARY, GENERAL, SPECIAL) (MONTH, DAY, YEAR)

Office for which you are a candidate City Councilman

Political party and district number (if applicable) NA

VERIFICATION

I declare under penalty of perjury that to the best of my knowledge not more than \$200 has been received or expended on behalf of or in support of my candidacy, by myself or by any committee of which I have knowledge.

Executed on July 22, 1975 at San Leandro, California
(DATE) (CITY AND STATE)

Mario J. Polvorosa
(SIGNATURE OF CANDIDATE)

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RECEIVED
 DEPT. OF THE ARMY
 WASHINGTON, D. C.
 APR 25 1944
 RECEIVED BY AGENTS



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Executed on July 22, 1975 at San Leandro, California
(DATE) (CITY AND STATE)

Mario J. Polvorosa
(SIGNATURE OF CANDIDATE)

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DEPT. OF HEALTH
RECEIVED LIFE
MAY 10 1954 PM 8:25
COMMISSIONER OF HEALTH
STATE OF CALIFORNIA

FORM O

CANDIDATES AND OFFICEHOLDERS

Short Form

This form may be used only if no contributions have been received and no expenditures have been made subsequent to the filing of the last campaign statement. (Candidates and officeholders for whom contributions have been received or expenditures made must file Form C.)

THIS FORM MUST BE FILED BY MARCH 1, 1974

Name Mario J. Polvorosa
Office City Councilman District Number 6
Residential Address 28 Dabner Street, San Leandro 94577 Residential Telephone 569-9500
Business Address 27 Chumalia, San Leandro 94577 Business Telephone _____

I declare under penalty of perjury that to the best of my knowledge no contributions have been received and no expenditures have been made on behalf of or in support of my candidacy or possible future candidacy.

Executed at February 22, 1974 on San Leandro, California
Date Place

Mario Polvorosa
Signature

FORM O

85841F-862 2-74 20M

FORM O

CANDIDATES AND OFFICEHOLDERS

Short Form

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Name Mario J. Polvorosa

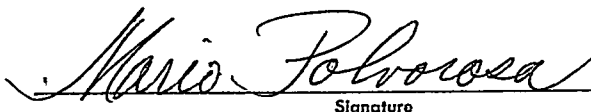
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