

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

CALIFORNIA  
FORM **470**

For Official Use Only



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

11/08/2022

Amendment (Explain Below)

**1. Statement Covers Calendar Year 20<sup>22</sup>.**

**2. Officeholder or Candidate Information**

NAME OF OFFICERHOLDER OR CANDIDATE

Amanda Rice

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Mammoth Lakes Town Council

JURISDICTION (LOCATION)

Mono County

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
Amanda Rice for Mammoth Lakes Town Council 92-0335023	PO BOX 1492, Mammoth Lakes, CA 93546	Amanda Rice

**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 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 10/24/22

DATE

By [Signature] SIGNATURE OF OFFICERHOLDER OR CANDIDATE

# Officeholder and Candidate Campaign Statement Form 470 Supplement

<input type="checkbox"/> Amendment (Explain Below)	<b>RECEIVED</b> Date Stamp <b>OCT 25 2022</b> TOWN OF MAMMOTH LAKES OFFICE OF THE TOWN CLERK	<b>CALIFORNIA</b> FORM <b>470</b> SUPPLEMENT For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

## 1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Amanda Rice

STREET ADDRESS

[REDACTED]

CITY

STATE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

ZIP CODE

## 2. Office Sought

OFFICE SOUGHT

Mammoth Lakes Town Council

DATE OF ELECTION (MONTH, DAY, YEAR)

11/08/2022

DISTRICT NUMBER  
(IF APPLICABLE)

## 3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

\_\_\_\_\_  
(MONTH, DAY, YEAR)