

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

CALIFORNIA  
FORM **470**

For Official Use Only



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

11/8/2022

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Amanda Rice

STREET ADDRESS

[Redacted]

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

Amanda Rice for Mammoth  
Lakes Town Council 2022  
92-0335023

COMMITTEE ADDRESS

PO Box 1492  
Mammoth Lakes, CA 93546

NAME OF TREASURER

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 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 \_\_\_\_\_

1/25/23

DATE

By \_\_\_\_\_

[Redacted Signature]

OR CANDIDATE

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**

Date Stamp  
**RECEIVED**  
JAN 25 2023  
TOWN OF MAMMOTH LAKES  
OFFICE OF THE TOWN CLERK

Amendment (Explain Below)

SEE INSTRUCTIONS ON REVERSE

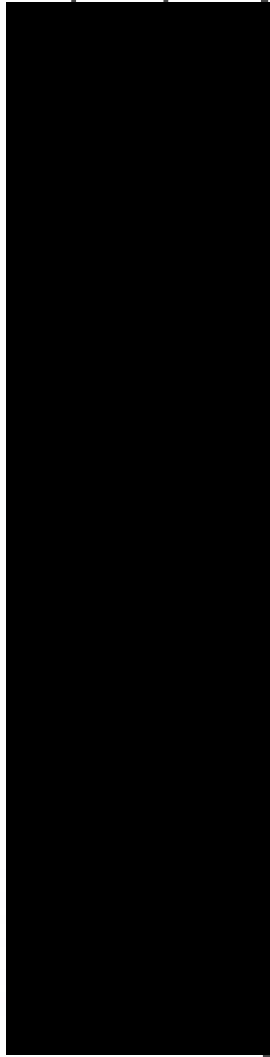
This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

*Amanda Rice*

STREET ADDRESS



**2. Office Sought**

OFFICE SOUGHT

*Town Council Mammoth Lakes*

DATE OF ELECTION (MONTH, DAY, YEAR)

*11/08/2022*

DISTRICT NUMBER  
(IF APPLICABLE)

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

(MONTH, DAY, YEAR)