Officeholder and Candidate Campaign Statement – Short Form

1. Statement Covers Calendar Year 2021.

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE
   Gabriel Paulson

   STREET ADDRESS
   Larkspur

   CITY
   STATE
   ZIP CODE
   CA
   94939

   AREA CODE/DAYTIME PHONE NUMBER
   Optional: FAX / E-MAIL ADDRESS
   g paulson@CityOfLarkspur.ca

3. Office Sought or Held

   OFFICE SOUGHT OR HELD
   City Councilmember

   JURISDICTION (LOCATION)
   Larkspur

   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

   none

   none

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 7/23/2021

   By ____________________________

   SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2016)
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www.fppc.ca.gov