

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

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.

Amendment (Explain Below)  
*Contribution/Item exceeded \$2,000*

Date Stamp <b>RECEIVED</b> 2017 OCT 31 P 12 25 CITY OF SAN MARINO CITY CLERK'S OFFICE	For Official Use Only <b>CALIFORNIA 470 FORM</b>
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**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

*ENGBAE C. SUN*

STREET ADDRESS

*[Redacted]*

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

*[Redacted]*

OPTIONAL: FAX / E-MAIL ADDRESS

*[Redacted]*

**2. Office Sought**

OFFICE SOUGHT

*Member of San Marino City Council*

DISTRICT NUMBER (IF APPLICABLE)

*Nov. 7, 2017*

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

*12-13, 2017*

(MONTH, DAY, YEAR)

Clear Form

Print Form