

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

SEE INSTRUCTIONS ON REVERSE

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| <input checked="" type="checkbox"/> <b>Amendment</b> (Explain Below)<br><u>Expenditures exceeded \$2000</u><br><u>on 8/31/2022</u> |
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| Date Stamp<br><b>RECEIVED</b><br>SEP 2 2022<br>AMADOR COUNTY ELECTIONS |
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| <b>CALIFORNIA</b><br><b>FORM</b><br><b>470</b><br><b>SUPPLEMENT</b><br>For Official Use Only |
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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

Mike McLaughlin

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Plymouth

CA

95669

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

[REDACTED]

**2. Office Sought**

OFFICE SOUGHT

City of Plymouth City Council

DISTRICT NUMBER  
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

November 8, 2022

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

8/31/2022

(MONTH, DAY, YEAR)