

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

Date of election if applicable:
(Month, Day, Year)
11/5/2024

Amendment (Explain Below)

Date Stamp
RECEIVED
JUL 25 2024
WOODSIDE TOWN HALL

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
PAUL GOELD

STREET ADDRESS
[REDACTED]

CITY WOODSIDE STATE CA ZIP CODE 94062

AREA CODE/DAYTIME PHONE NUMBER [REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
MEMBER OF TOWN COUNCIL

JURISDICTION (LOCATION) TOWN OF WOODSIDE DISTRICT NUMBER (IF APPLICABLE) 4

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
<u>NA</u>		
<u>NA</u>		

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 7/22/2024
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE