Officeholder and Candidate
Campaign Statement -
Short Form

1. Statement Covers Calendar Year 20

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE: CLYDE W. ROBERSON
   STREET ADDRESS: [Redacted]
   CITY: MONTEREY
   STATE: CA
   ZIP CODE: 93940

3. Office Sought or Held
   OFFICE SUGHT OR HELD: MAYOR
   JURISDICTION (LOCATION): MONTEREY

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
   ---------------------------------|-------------------|------------------
   n/a                               |                   |                  

5. Verification
   I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $1,000 and that I will spend less than $1,000 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: July 21, 2014

   By: [Redacted]