

Officeholder and Candidate
Campaign Statement -
Short Form

CALIFORNIA
FORM

470

For Official Use Only

Date Stamp

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AUG 04 2026

☐ Amendment (Explain Below)

Date of election if applicable:
(Month, Day, Year)

11/3/2026

City of Fort Bragg
City Clerk

1. Statement Covers Calendar Year 20 26.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Scott J. Mayberry

STREET ADDRESS

CITY

Fort Bragg

STATE

CA

ZIP CODE

95437

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL MEMBER

JURISDICTION (LOCATION)

CITY OF Fort Bragg

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

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 \$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

7/31/26

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE