Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp RECEIVED AUG 04 2026 City of Fort Bragg City Clerk	CALIFORNIA FORM 470 For Official Use Only
NOV. 3, 2026			

1. Statement Covers Calendar Year 20 26 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
MARYROSE KACZOROWSKI

STREET ADDRESS
[redacted]

CITY: FORT BRAGG | STATE: CA | ZIP CODE: 95437

AREA CODE/DAYTIME PHONE NUMBER
[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION)
FORT BRAGG CA

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 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 AUGUST 3rd 2026
DATE

By [redacted]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate Campaign Statement Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

☐ **Amendment** (Explain Below)
Raised over $2000: $2105.00

Date Stamp
RECEIVED
SEP 24 2026
City of Fort Bragg
City Clerk

CALIFORNIA FORM **470** SUPPLEMENT

For Official Use Only

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
Mary Rose Kaczorowski

STREET ADDRESS
[redacted]

CITY: Fort Bragg | STATE: CA | ZIP CODE: 95437

AREA CODE/DAYTIME PHONE NUMBER
[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS
mrkaczorowski@gmail.com

2. Office Sought

OFFICE SOUGHT
Fort Bragg city council

DISTRICT NUMBER (IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)
Nov. 3. 2026

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

9-22-2026
(MONTH, DAY, YEAR)

[redacted]