

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

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

June 5th, 2018

Amendment (Explain Below)

Date Stamp
City of Loma Linda
APR 30 2018
City Clerk

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 18 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
David Sanner

STREET ADDRESS
11376 Iris Ave

CITY STATE ZIP CODE
Loma Linda CA 92354

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
865-567-9584 dauidsanner@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Loma Linda, CA

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

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 4/30/18 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form