

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

Date of election if applicable:
(Month, Day, Year)
11/6/18

Amendment (Explain Below)

RECEIVED
Date Stamp
SEP 26 2018
City of Banning
City Clerk's Office

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Timothy Smith

STREET ADDRESS
5095 Meadow Way

CITY STATE ZIP CODE
Banning, CA 92220

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
760-641-0382

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Banning, CA 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

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 9/25/18
DATE

By Timothy Smith
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form **Print Form**