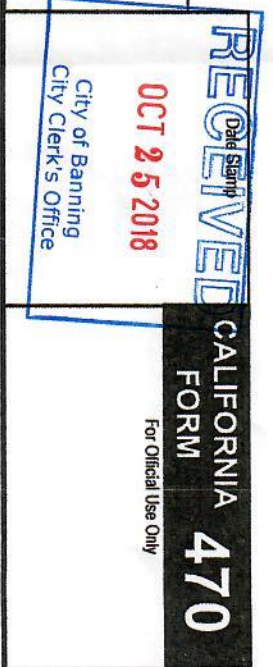


Officeholder and Candidate Campaign Statement - Short Form

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

Amendment (Explain Below)



1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Adolfo Melendez Jr
 STREET ADDRESS
736 Marlboro way
 CITY Banning STATE CA ZIP CODE 92220
 AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX/E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Council Member
 JURISDICTION (LOCATION)
City of Banning
 DISTRICT NUMBER (IF APPLICABLE)
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 10-20-18 DATE

By Adolfo Melendez Jr SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form