

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year)	<input checked="" type="checkbox"/> Amendment (Explain Below) Terminate H.S. Sullivan for Banning City Council, District 1 2024
November 5, 2024	
Date Stamp	
RECEIVED	
CALIFORNIA FORM 470	
For Official Use Only	
OCT 24 2024	
City of Banning City Clerk's Office	

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Harry Sullivan

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Banning

CA.

92220

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

951-849-2132

hsullivan316@aol.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Banning City Council

JURISDICTION (LOCATION)

City of Banning

DISTRICT NUMBER
(IF APPLICABLE)
District 1

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.

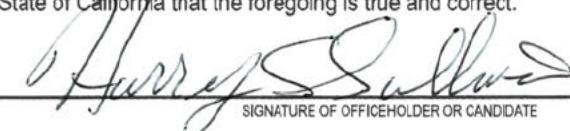
COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
H.S. Sullivan for Banning City Council, District 1, 2024 <i>(I.D. Never Received)</i>	[REDACTED] Banning CA. 92220	Harry Sullivan

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 October 23, 2024
DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE