

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

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

November 3, 2020

Amendment (Explain Below)

Date Stamp
RECEIVED
SEP 24 2020
CITY CLERK

CALIFORNIA
FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Christopher Sandoval
STREET ADDRESS
[REDACTED]
CITY STATE ZIP CODE
Lathrop 95330
AREA CODE/DAYTIME PHONE NUMBER
[REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council
JURISDICTION (LOCATION) DISTRICT NUMBER
Lathrop (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

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 **Christopher Sandoval** **9/22/2020**
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

Amendment (Explain Below)

Date Stamp

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CITY CLERK

CALIFORNIA **470**
FORM **SUPPLEMENT**

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

Christopher Sandoval
NAME OF OFFICEHOLDER OR CANDIDATE

[REDACTED]
STREET ADDRESS

Lathrop CA 95330
CITY STATE ZIP CODE

[REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

City Council [REDACTED]
OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)

[REDACTED]
DATE OF ELECTION (MONTH, DAY, YEAR)

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

(MONTH, DAY, YEAR)