

Officeholder and Candidate
Campaign Statement -
Short Form

CITY CLERK
MORENO VALLEY
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CALIFORNIA
FORM 470
For Official Use Only

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

Amendment (Explain Below)

16 AUG -5 PM 2:17

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Edgar Garcia

STREET ADDRESS
[REDACTED]
CITY STATE ZIP CODE
Moreno valley CA 92553

AREA CODE DAYTIME PHONE NUMBER
[REDACTED]
OPTIONAL FAX / E-MAIL ADDRESS
Moreno valley CA 92553

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Member of the city council, city of moreno valley

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Moreno valley 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 ID 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 law that the foregoing is true and correct.

Executed on 8-3-16 DATE

[REDACTED] OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form