

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

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MORENO VALLEY
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**CALIFORNIA
FORM 470**

For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 16

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Donna Saadice

STREET ADDRESS

[REDACTED]

CITY

Moreno Valley

STATE

CA

ZIP CODE

92553

AREA CODE DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL FAX/E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Councilmember District 1

JURISDICTION (LOCATION)

Moreno Valley

DISTRICT NUMBER
(IF APPLICABLE)

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 laws of the State of California that the foregoing is true and correct.

Executed on

Aug 8th, 2016

DATE

By

[REDACTED]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form