

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

Date of election if applicable:
(Month, Day, Year)
Nov, 6, 2018

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470
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SEP 24 2018

1. Statement Covers Calendar Year 20 18.

CITY OF SCENOMA

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Jack Wagner

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
(707) 532-5585 CA 95476

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Councilmember

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Sonoma

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 9/24/18 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form