

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

Date of election if applicable: (Month, Day, Year) 11.2.21	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
--	--

Date Stamp RECEIVED SEP 23 2021 CITY OF SONOMA	CALIFORNIA FORM 470 For Official Use Only
--	---

1. Statement Covers Calendar Year 20 ²¹ _____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
James K. Cribb		
STREET ADDRESS		
[REDACTED]		
CITY	STATE	ZIP CODE
Sonoma	CA	95476
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS
707-225-7141		james@sonomadogcamp.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
Sonoma City Council	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
Sonoma, CA	

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
N/A		

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 September 22, 2021
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE