

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
NOVEMBER 2, 2021

Amendment (Explain Below)

Date Stamp
RECEIVED
08/05/2021
Office of the City Clerk

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

3. Office Sought or Held
OFFICE SOUGHT OR HELD
COUNCIL MEMBER
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

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 **AUGUST 5, 2021**
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE