

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

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MORENO VALL
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FORM 470

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For Official Use Only

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

NOV 4th, 2014

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 14.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Donovan Saadiq

STREET ADDRESS

[REDACTED]

CITY

Moreno Valley

STATE

CA

ZIP CODE

92553-8407

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL FAX/E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council Dist 5

JURISDICTION (LOCATION)

Moreno Valley Dist 5

DISTRICT NUMBER
(IF APPLICABLE)

5

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 \$1,000 and that I will spend less than \$1,000 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

October 6, 2014

DATE

By

[REDACTED]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form