

**Officeholder and Candidate
Campaign Statement
Short Form**

RECEIVED

JAN 23 2020

City of Loma Linda

Date of election if applicable:
(Month, Day, Year)
3/3/2020

Amendment (Explain Below)

Date Stamp
RECEIVED
JAN 23 2020
City of Loma Linda
Administration

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

JOHN LENART

STREET ADDRESS

26453 FRANCIS LANE

CITY

Loma Linda

STATE

CA

ZIP CODE

92354

AREA CODE/DAYTIME PHONE NUMBER

909 633 7642

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL MEMBER

JURISDICTION (LOCATION)

Loma Linda

DISTRICT NUMBER
(IF APPLICABLE)

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 JAN 23 2020
DATE

By  OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form