

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

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

3/18/20

**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 \_\_\_\_ .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Ovidiu Popescu

STREET ADDRESS

25523 State St. L.L. CA 92354

CITY

STATE

ZIP CODE

(909) 799-6564

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

City Councilmember

JURISDICTION (LOCATION)

Loma Linda

DISTRICT NUMBER  
(IF APPLICABLE)

**4. Committee Information**

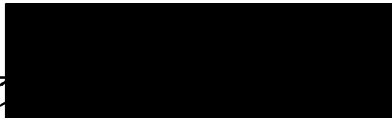
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 1/23/20  
DATE

By   
CANDIDATE

Clear Form

Print Form