

**Officeholder and Candidate
Campaign Statement
Short Form**

RECEIVED
JAN 23 2020
City of Loma Linda

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

Rhodes Rigby

STREET ADDRESS

24621 Lawton Ave

CITY

Loma Linda

STATE

CA

ZIP CODE

92354

AREA CODE/DAYTIME PHONE NUMBER

909-218-1750

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

member of City Council

JURISDICTION (LOCATION)

City of 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 January 23, 2020
DATE

By [Redacted Signature]
CANDIDATE

Clear Form