

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

Date of election if applicable:
(Month, Day, Year)
11-8-16

Amendment (Explain Below)

Date Stamp
2016 SEP 27 PM 3:48
CITY MANAGER &
CITY CLERK OFFICES

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michelle Sanchez-Huffman

STATE Ca ZIP CODE 91932

AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION)
Imperial Beach

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 the amount of contributions reported on this statement 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 information provided on this statement is true and correct.

Executed on 9-27-16 DATE _____

Clear Form

Print Form