

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA FORM **470**

For Official Use Only

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

11.4.14

Amendment (Explain Below)

Date Stamp

2014 JAN 30 P 2:57

1. Statement Covers Calendar Year 20 14.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE JONATHAN WALBONER

622 NORTHPORT LANE
STREET ADDRESS

ORLAND CA 93035
CITY STATE ZIP CODE

505-701-6964 JONATHAN.WALBONER@CITYOFORLAND.COM
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
COUNCIL MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
CITY OF ORLAND

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 JAN. 30. 2014
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE