

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

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Dore Gilbert

STREET ADDRESS

CITY

STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Laguna Hills City Council

JURISDICTION (LOCATION)

Laguna Hills

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 used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that I have

calendar year and that I have not received more than \$2,000 in contributions from any individual or entity during the calendar year and that I have not received more than \$2,000 in contributions from any individual or entity during the calendar year.

Executed on 7/10.2018
DATE

By _____

Clear Form

Print Form