

CITY CLERK
MORENO VALLEY
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Date Stamp

CALIFORNIA
FORM 470

For Official Use Only

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

Nov 6 18

Amendment

18 OCT 11 PM 2:47

Officeholder and Candidate
Campaign Statement -
Short Form

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Leonard Lawrence Baird

STREET ADDRESS

[Redacted]

CITY

STATE

ZIP CODE

moreno valley

Ca

92557

AREA CODE/DAYTIME PHONE NUMBER

[Redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Mayor

JURISDICTION (LOCATION)

moreno valley

DISTRICT NUMBER
(IF APPLICABLE)

city wide

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

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 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 information provided is true and correct.

Executed on

Oct -10-18

DATE

By

[Redacted Signature]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form