

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

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

07NOV2017

Amendment (Explain Below)

Date Stamp
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CITY OF PALM SPRINGS
2017 JAN 24 PM 4:45
OFFICE OF THE CITY CLERK

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 17 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
TAD VICTOR IWAN
STREET ADDRESS

CITY STATE ZIP CODE
Palm Springs CA 92262
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Palm Springs, CA

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 21 JAN 2017
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form