

Officeholder and Candidate
Campaign Statement –
Short Form

RECEIVED

Date Stamp

SEP 25 2024

CALIFORNIA
FORM 470

For Official Use Only

CITY OF LOMPOC
CITY CLERK'S OFFICE

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

November 5, 2024

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jeremy Ball

STREET ADDRESS

[Redacted Street Address]

~~CA~~

STATE

~~93436~~

ZIP CODE

Lompoc

AREA CODE/DAYTIME PHONE NUMBER

[Redacted Phone Number]

CA 93436

OPTIONAL FAX/E-MAIL ADDRESS

[Redacted Fax/Email Address]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

Lompoc

DISTRICT NUMBER
(IF APPLICABLE)

Four

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 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 I am not a candidate for any public office.

Executed on September 26, 2024
DATE

By _____
DATE

[Redacted Signature]

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

www.fppc.ca.gov
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
FPPC Form 470/470 Supplement (Jan/2016)

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470 SUPPLEMENT

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SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE _____

STREET ADDRESS _____

CITY STATE ZIP CODE

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

2. Office Sought

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

(MONTH, DAY, YEAR)
