Officeholder and Candidate Campaign Statement – Short Form

COPY

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
08/26/25		RECEIVED MAY 16 2025 MERCED COUNTY REGISTRAR OF VOTERS	For Official Use Only

1. Statement Covers Calendar Year 20 25.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Kalid Sanchez

STREET ADDRESS

CITY: Los Banos | STATE: CA | ZIP CODE: 93635

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION): City of Los Banos | DISTRICT NUMBER (IF APPLICABLE): 1

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
n/a		

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 05/16/25
DATE

by _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE