

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

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

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**Amendment** (Explain Below)

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Date Stamp  
**RECEIVED**  
JUL - 8 2021  
CITY OF HIGHLAND  
CITY CLERK

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 21 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
John P. Timmer

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE  
Highland CA 92346

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

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
City Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Highland 4

**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

Executed on 7-8-2021  
DATE

By [REDACTED]