

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

RECEIVED  
CITY CLERK

Date Stamp

**CALIFORNIA  
FORM 470**

For Official Use Only

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

11-6-2018

Amendment (Explain Below)

2018 AUG 13 PM 12:24

CITY OF LAGUNA NIGUEL

1. Statement Covers Calendar Year 20 18 \_\_\_\_\_.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

BHAJAN "JOHN" SINGH DHALIWAL CITY COUNCIL MEMBER

STREET ADDRESS

LAGUNA NIGUEL CA-92677

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION)

DISTRICT NUMBER  
(IF APPLICABLE)

**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 8-13-18 DATE

By Bhajan Singh Dhalwal SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

**Officeholder and Candidate  
Campaign Statement -  
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

RECEIVED  
CITY CLERK  
Date Stamp  
2018 AUG 13 PM 12:24  
CITY OF LAGUNA NIGUEL

**CALIFORNIA  
FORM 470**

For Official Use Only

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**

BHAJAN "JOHN" SINGH DHALIWAL

NAME OF OFFICEHOLDER OR CANDIDATE

LAGUNA NIGUEL, CA-92677

STREET ADDRESS

LAGUNA NIGUEL CA-92677

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Office Sought**

OFFICE SOUGHT

CITY COUNCIL MEMBER

DISTRICT NUMBER  
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

NOV. 6. 2018

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

(MONTH, DAY, YEAR)

Clear Form

Print Form