

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

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED JUL 13 2020 By _____	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 19 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Steve "Sparky" Miller

STREET ADDRESS
[REDACTED]

CITRUS HEIGHTS STATE ZIP CODE
CA 95610

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(916) 725-2448 samiller@citrusheights.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Citrus Heights 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 LD. 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 July 11, 2020
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

[Clear Form](#) [Print Form](#)