Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp RECEIVED CITY OF RANCHO MIRAGE 18 MAR -7 PM 3:20	CALIFORNIA FORM 470 For Official Use Only
April 10, 2018			

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michael Harrington

STREET ADDRESS
72877 Dinah Shore Dr #103, Rancho Mirage, CA 92270

CITY STATE ZIP CODE

(760)347-4445
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Rancho Mirage City Council

JURISDICTION (LOCATION)
Rancho Mirage CA

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
Michae Harrington for Rancho Mirage City Council 2018 1402835	73550 Alessandro Dr #101 Palm Desert CA 92260	V. Sherman

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 3/07/2018
DATE

By
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form