

# Officeholder and Candidate Campaign Statement – Short Form

(Government Code Section 84206)

SHORT FORM

CALIFORNIA FORM **470**

For Official Use Only

Date Stamp

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

11/08/2016

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 16 .

## 2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

John Cordes

STREET ADDRESS

CITY

STATE

ZIP CODE

Sunnyvale

CA

94085

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

## 3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council Member Sunnyvale City Council Seat 4

JURISDICTION (LOCATION)

City

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
Cordes for Sunnyvale Council Seat 4 2016 ID# 151684	Sunnyvale, CA 94085	Scott Lindberg

## 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 09/28/2016  
DATE

By John Cordes  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE