

**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 <b>RECEIVED</b>  JUN 25 2025  CITY OF HIGHLAND CITY CLERK	<b>CALIFORNIA FORM 470</b>  For Official Use Only
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1. Statement Covers Calendar Year 20 25 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
John Peter Timmer

STREET ADDRESS  
\_\_\_\_\_

CITY  
Highland

STATE  
CA

ZIP CODE  
92346

AREA CODE/DAYTIME PHONE NUMBER  
\_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
N/A

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Councilmember

JURISDICTION (LOCATION)  
City of Highland

DISTRICT NUMBER (IF APPLICABLE)  
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 \$ \_\_\_\_\_ 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 \_\_\_\_\_ and correct.

Executed on 6-24-2025 DATE

By \_\_\_\_\_

\_\_\_\_\_ OFFICEHOLDER OR CANDIDATE