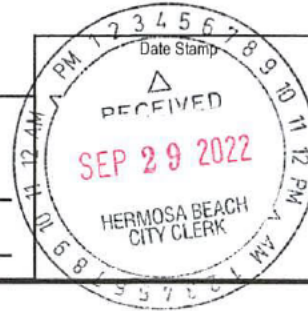


**Officeholder and Candidate
Campaign Statement –
Short Form**

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

11/08/2022

Amendment (Explain Below)



**CALIFORNIA
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ROB SAEMANN

STREET ADDRESS

[REDACTED]

CITY

HERMOSA BEACH

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

STATE

CA

ZIP CODE

90254

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

HERMOSA BEACH CITY COUNCIL

JURISDICTION (LOCATION)

HERMOSA BEACH

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
ROB SAEMANN FOR HERMOSA COUNCIL 2022	[REDACTED] HERMOSA BEACH CA 90254	JAMES EBLE

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 9-29-2022
DATE

By [REDACTED]