

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;">12/6/2018</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>	<p>Date Stamp</p> <p>RECEIVED</p> <p>2018 SEP 27 PM 5:18</p> <p>CITY OF WEST COVINA CITY CLERK OFFICE</p>	<p>CALIFORNIA FORM 470</p> <p style="font-size: small;">For Official Use Only</p>
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1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

 West Covina, CA 91741

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

 City Clerk

JURISDICTION (LOCATION) City of West Covina	DISTRICT NUMBER (IF APPLICABLE)
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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 _____ calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law _____.

Executed on 9/27/2018
DATE

[Redacted Signature]