

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

Date Stamp	CALIFORNIA FORM 470
RECEIVED 2022 MAY 25 AM 8:17 CITY OF WEST COVINA CITY CLERK'S OFFICE	For Official Use Only

Date of election if applicable: (Month, Day, Year) <u>11/08/2022</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Marsha Solorio

STREET ADDRESS
[REDACTED]

CITY _____ STATE _____ ZIP CODE _____

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD _____

Treasurer _____

JURISDICTION (LOCATION) _____ DISTRICT NUMBER (IF APPLICABLE) _____

City of West Covina

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
Marsha Solorio for Treasurer 2022	[REDACTED]	Noe M. Rfios

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$[REDACTED] in contributions 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 information provided is true and correct.

Executed on 5/25/2022 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE