

Officeholder and Candidate
Campaign Statement –
Short Form

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date of election if applicable: (Month, Day, Year) <u>11-8-2011</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp CITY CLERK HAWTHORNE, CA 11 SEP 28 AM 9:14	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 11.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

WILLIAM P. SILVER

STREET ADDRESS

4639 W. 134th St.

CITY

HAWTHORNE

STATE

CA

ZIP CODE

90250

AREA CODE/DAYTIME PHONE NUMBER

310/676-1756

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCILMAN

JURISDICTION (LOCATION)

HAWTHORNE, CA 90250

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

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 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

9-27-11

DATE

By

William Silver

SIGNATURE OF OFFICEHOLDER OR CANDIDATE