

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

**CALIFORNIA  
FORM 470**

For Official Use Only

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

Nov. 8th, 2011

☐ **Amendment** (Explain Below)

Date Stamp

1. Statement Covers Calendar Year 20 11 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Sean R. Walsh

STREET ADDRESS

5444 W. 140th St.

CITY

Hawthorne

STATE

Ca.

ZIP CODE

90250

AREA CODE/DAYTIME PHONE NUMBER

(310) 714-3056

OPTIONAL: FAX / E-MAIL ADDRESS

(310) 3

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Council Member

JURISDICTION (LOCATION)

City of Hawthorne

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

Name: Sean Walsh For Hawthorne City Council  
I.D.# (Set up of this committee & ID# are both in  
process. Bank account to be set up on 10/3/2011)

COMMITTEE ADDRESS

5444 W. 140th St.  
Hawthorne, Ca. 90250

NAME OF TREASURER

N/A (at this time)

**5. Verification**

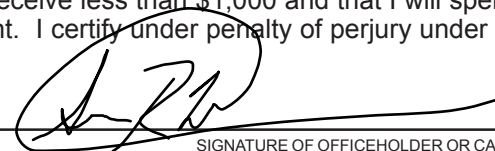
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

9/29/2011

DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE