Officeholder and Candidate Campaign Statement –	Type or print in ink.		Date Stamp	CALIFORNIA 470	
Short Form (Government Code Section 84206)	Date of election if applicable: (Month, Day, Year) Nov. 8th, 2011	Amendment (Explain Below)		For Official Use Only	
1. Statement Covers Calendar Year 20	11 .	<u> </u>	1	I	
2. Officeholder or Candidate Informat	ion	3. Office Sought or F	leld		
NAME OF OFFICEHOLDER OR CANDIDATE Sean R. Walsh		OFFICE SOUGHT OR HELD COUNC	il Member		
STREET ADDRESS 5444 W. 140th St.		JURISDICTION (LOCATION) City of Ha	awthorne	DISTRICT NUMBER (IF APPLICABLE)	
Hawthorne	Ca. 90250				
AREA CODE/DAYTIME PHONE NUMBER (310) 714-3056	OPTIONAL: FAX/E-MAIL ADDRE	ESS .			
4. Committee Information List all committees of which you have knowled COMMITTEE NAME AND I.D. NUMBER	dge that are primarily formed	I to receive contributions or to make	· 1	alf of your candidacy. ME OF TREASURER	
Name: Sean Walsh For Hawthorne City		5444 W. 140th St. Hawthorne, Ca. 90250		N/A (at this time)	
I.D.# (Set up of this committee & ID# are by process. Bank account to be set up on 10/3					

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 _____

SIGNATURE OF OFFICEHOLDER OR CANDIDATE