Officeh(:r and Candidate Campaign Statement – Short Form
(Government Code Section 84206)

Type or prin... ink. COPY

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp CITY CLE HAWTHORNE CA 13 SEP 30 PM 12: 30	SHORT FORM CALIFORNIA FORM 470 For Official Use Only
11/5/13			

1. Statement Covers Calendar Year 20 13 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Frances Stiglich

STREET ADDRESS
11534 Yale Ave

CITY: Hawthorne STATE: Ca ZIP CODE: 90250

(310) 676-1820
AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION)

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 9/30/13
DATE

By Frances Stiglich
SIGNATURE OF OFFICEHOLDER OR CANDIDATE