Officeholder and Candidate Campaign Statement - Short Form

1. Statement Covers Calendar Year 2018

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE
   STREET ADDRESS
   West Covina, CA 91741
   CITY
   STATE
   ZIP CODE
   AREA CODE/DAYTIME PHONE NUMBER
   OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held
   OFFICE SOUGHT OR HELD
   City Clerk
   JURISDICTION (LOCATION)
   City of West Covina
   DISTRICT NUMBER

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 $5,000 in contributions from all sources during this 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.

9/27/2018