

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

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

11/06/2018

Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM 470
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CITY OF WEST COVINA CITY CLERK'S OFFICE	

1. Statement Covers Calendar Year 20 18 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Marsha Solorio

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
West Covina CA 91790

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Treasurer

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of West Covina

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
Marsha Solorio for Treasurer 2018	[REDACTED] West Covina, Ca 91790	Noe M. Rios

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 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 9/24/18 DATE

By: [REDACTED]