Officeholder and Candidate Campaign Statement - Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	20 HILS CITY CL	FORM 470 For Official Use Only Indexed +44 1/14/2020
1.	Statement Covers Calendar Year 2	<u> 19</u> .			
2.	Officeholder or Candidate Inform NAME OF OFFICEHOLDER OR CANDIDATE VERA STREET ADDRESS CITY BOSETLY AREA CODE/DAYTIME PHONE NUMBER	•	10	RLY 4/1//s CH	Ty Councy/ DISTRICT NUMBER (IF APPLICABLE)
4.	Committee Information List all committees of which you have knowledge that are primarily formed to receive COMMITTEE NAME AND I.D. NUMBER COMMITTEE		ned to receive contributions or to ma COMMITTEE ADDRESS	nake expenditures on behalf of your candidacy. NAME OF TREASURER	
	•				
5.	Verification I declare under penalty of perjury that to the be used all reasonable diligence in preparing this Executed on	statement. I certify under penalty			true and correct.