

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

<p style="text-align: center;"><i>Appointment</i></p> <p>Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center; font-size: 2em;"><u>2/7/19</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>	<p style="text-align: center;">Date Stamp</p> <p style="text-align: center;">2019 JUL 31 AM 8:15</p> <p style="text-align: center;">OFFICE CITY CLERK BY <i>Genida Shortell</i></p>	<p>CALIFORNIA FORM 470</p> <p style="font-size: 0.8em;">For Official Use Only</p>
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1. Statement Covers Calendar Year 20 19.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Elaine P. Litster

STREET ADDRESS

CITY Simi Valley STATE CA ZIP CODE 93063

AREA CODE DAYTIME PHONE NUMBER _____ OPTIONAL FAX / E-MAIL ADDRESS 4 J

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

City of Simi Valley _____

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
None		

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 7/30/2019 DATE

By Elaine P. Litster SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form