Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
November 3, 2015		RECEIVED AUG – 1 2016 CITY OF DUARTE	For Official Use Only

1. Statement Covers Calendar Year 20 16 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Liz Reilly

STREET ADDRESS: 3204 Conata Street

CITY: Duarte | STATE: Ca | ZIP CODE: 91010

AREA CODE/DAYTIME PHONE NUMBER: 626 357-0708

OPTIONAL: FAX / E-MAIL ADDRESS:

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Member of the City Council

JURISDICTION (LOCATION): Duarte, Ca 91010

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
Liz Reilly Duarte City Council 2015 fppc# 1375203	3204 Conata Streey Duarte, Ca 91010	Elizabeth Reilly

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 July 30, 2016 (DATE)

By Liz Reilly (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

Clear Form | Print Form