Officeholder and Candidate Campaign Statement - Short Form

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

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Tzeitel Paras Caracci

STREET ADDRESS: 2529 Elda Street

CITY: STATE: CA ZIP CODE: 91010

AREA CODE/DAYTIME PHONE NUMBER: (626) 260-0993

OPTIONAL: FAX / E-MAIL ADDRESS: tzeitelparas@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD: City Council Member

JURISDICTION (LOCATION): Duarte, California

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
Friends of Tzeitel Paras-Caracci for Duarte Council #1239811	2529 Elda Street Duarte, CA 91010	Russel M. Paras

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 07/29/2016 (DATE)

By _____ (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)