

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

| | | | |
|---|---|---|---|
| Date of election if applicable: (Month, Day, Year) <u>11/6/2018</u> | <input type="checkbox"/> Amendment (Explain Below) _____ _____ | Date Stamp CITY OF LOS ALAMITOS 2018 SEP 27 PM 4:47 | CALIFORNIA FORM 470 For Official Use Only |
|---|---|---|---|

1. Statement Covers Calendar Year 20 18.

| | |
|--|---|
| 2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE <u>Gisele G. Finch</u> STREET ADDRESS [REDACTED] <u>Los Alamitos Ca 90720</u> AREA CODE/DAYTIME PHONE NUMBER [REDACTED] | 3. Office Sought or Held OFFICE SOUGHT OR HELD <u>City Council, Los Alamitos</u> JURISDICTION (LOCATION) 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 |
|-----------------------------------|-------------------|------------------------------|
| <u>Gisele Lorene Finch</u> N/A | [REDACTED] | <u>Los Alamitos Ca 90720</u> |

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 9/27/2018 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)

Date Stamp

**CALIFORNIA
FORM 470**

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lisele D. Smith

STATE

CITY

STATE

ZIP CODE

Los Alamitos Ca. 90720

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

Los Alamitos City Council

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

11/6/2018

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

N/A
(MONTH, DAY, YEAR)

Clear Form

Print Form