Officeholder and Candidate Campaign Statement – Short Form (Government Code Section 84206)		Type or print in lnk.		SHORT FORM	
				Dale Stamp	CALIFORNIA 470
		Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explein Below)		FORM For Official Use Only
2.	Officeholder or Candidate Informati	on	3. Office Sought or H	leld	
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD		
	JOSEPH A. SANTORO CITY COL			WEIL ME	MRER
	STREET ADDRESS		JURISDICTION (LOCATION)		DISTRICT NUMBER
	CITY	4	LITY COU JURISDICTION (LOCATION) GLENDORA	I. CA.	(IF APPLICABLE)
	GLENDORA CA				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRE	ss		
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	
			OOMMITTEE ADDRESS	IVAN	NE 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 \$1,000 and that I will spend less than \$1,000 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 1-10-2012		By Joseph A.	santoro	
	DATE SIGNATURE OF OFFICEHOLDER OR CANDIDATE				