

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM **470**

For Official Use Only

Date of election if applicable: (Month, Day, Year) _____ _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp

JUL 18 2013

CITY OF GLEN DORA

1. Statement Covers Calendar Year 20 13 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Judy Marie Nelson

STREET ADDRESS

CITY

STATE

ZIP CODE

Glendora

CA

91741

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

Glendora

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
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 July 13, 2013
DATE

By Judy M. Nelson
SIGNATURE OF OFFICEHOLDER OR CANDIDATE