

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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COVER PAGE

CALIFORNIA 460
2001/02
FORM

Page 1 of 1
For Official Use Only

Statement covers period
from 02-27-2009
through 03-31-2009

Date of election if applicable:
(Month, Day, Year)
04/07/2009

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
 - (Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Ballot Measure Committee
 - Primary Formed
 - Controlled
 - Sponsored
 - (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
 - (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
130757B

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Lenore Solis for Glendale City Council

STREET ADDRESS (NO P.O. BOX)

1660 Ben Lomond Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Glendale	CA	91202	818-247-9841

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

POB 5218

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Glendale	CA	91221-2218	323-669-0892

OPTIONAL: FAX / E-MAIL ADDRESS

LenoreSolis@gmail.com

Treasurer(s)

NAME OF TREASURER

Lenore Solis

MAILING ADDRESS

POB 39534

CITY	STATE	ZIP CODE	AREA CODE/PHONE
L.A.	CA	90039	323-669-0892

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

N/A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/02/2009
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent