

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

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2009 AUG 11 PM 3:05

CALIFORNIA FORM **460**

Page of
For Official Use Only

<p>Statement covers period</p> <p>from _____</p> <p>through <u>7-31-2009</u></p>	<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i>

<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i>

<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
|---|---|

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i>
<input type="checkbox"/> Amendment (Explain below) | <input checked="" type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|--|

3. Committee Information

I.D. NUMBER

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

Lenore Solis for Glendale City Council

STREET ADDRESS (NO P.O. BOX)

1660 Ben Lomond Dr.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Glendale,	CA	91202	8182479841
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

POB 5218

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Glendale	CA	91202	3236690892
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OPTIONAL: FAX / E-MAIL ADDRESS

LenoreSolis@gmail.com

Treasurer(s)

NAME OF TREASURER

Lenore Solis

MAILING ADDRESS

POB 5218

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Glendale	CA	91202	3236690892
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

4. Verification

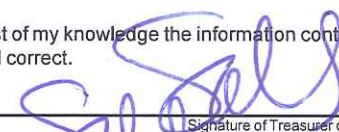
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on 08-07-2009

Executed on 8-7-09

Executed on _____

Executed on _____

By 

By _____

By _____

By _____