

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p> <p>none</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>	<p>Date Stamp CITY CLERK 2011 JUL 25 AM 11:40</p>	<p>CALIFORNIA FORM 470 For Official Use Only</p>
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1. Statement Covers Calendar Year 20 11.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Christine L Walters

STREET ADDRESS
1250 Alma St

CITY STATE ZIP CODE
Glendale CA 91202

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818-749-5885

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Trustee

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Glendale Unified School District

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 7/24/11
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE