

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

Date Stamp RECEIVED JUL 15 2021 CITY OF HIGHLAND CITY CLERK	CALIFORNIA FORM 470 For Official Use Only
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Date of election if applicable: (Month, Day, Year) _____ _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Anaeli Solano

STREET ADDRESS

CITY

Highland

STATE

CA

ZIP CODE

92346

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council Member

JURISDICTION (LOCATION)

Highland

DISTRICT NUMBER
(IF APPLICABLE)

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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

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 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 information provided is true and correct.

Executed on 07/15/2021
DATE

By _____
OFFICEHOLDER OR CANDIDATE