

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

9/1/20
9/19/20

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)



CALIFORNIA
FORM
470
For Official Use Only

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Gayne Brenneman

STREET ADDRESS

1540 Na Zurita

CITY

Palos Verdes estates

STATE

CA

ZIP CODE

90874-1932

AREA CODE/DAYTIME PHONE NUMBER

310 378-5766

OPTIONAL: FAX / E-MAIL ADDRESS

Gayne@pobox.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Palos Verdes estates City Council

JURISDICTION (LOCATION)

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 ID. 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 foregoing is true and correct.

Executed on 9-15-20 DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE