Officeholder and Candidate Campaign Statement – Short Form Government Code Section 84206)		Type or print in ink.		RECTEIVED CITY OF WEST HOLLY	SHORT FORM CALIFORNIA 470 FORM
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	13 JAN 24 PM 12	04 For Official Use Only
		3/5/2013		OFFICE OF THE CITY	CLERK
1.	Statement Covers Calendar Year 20	13			
2.	. Officeholder or Candidate Information 3. Office Sought or Held				
	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD			
	RUSTY Wiggs	Liter Cou	ncil Maml	JCA TDISTRICT NUMBER	
	STREET ADDRESS /	JURISDICTION (LOCATION)		(IF APPLICABLE)	
	CITY STATE ZIPCODE				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAIL ADDR	ESS		
-	310-801-5559				
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.				
		d to receive contributions or to mak COMMITTEE ADDRESS	e experiditures on behan o	NAME OF TREASURER	
	COMMITTEE NAME AND I.D. NUMBER	E NAME AND I.U. NUMBER			
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.				
	5 y 2 4 1 3 By				
	Executed on DATE			SASTNATURE OF OFFICEHOLDER OR CAN	IDIDATE

FPPC Form 470/470 Supplement (January/08) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)