

Officeholder and Candidate
Campaign Statement -
Short Form

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CITY OF WEST HOLLYWOOD
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OFFICE OF THE CITY CLERK

CALIFORNIA FORM 470
For Official Use Only

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

March 3, 2015

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 15.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JOHN ALLENDORFER

STREET ADDRESS
929 LARRABEE ST. APT. 19

CITY
WEST HOLLYWOOD, CA STATE ZIP CODE
90069

AREA CODE/DAYTIME PHONE NUMBER
310-657-1482

OPTIONAL: FAX / E-MAIL ADDRESS
JALLENDORFER@ATT.NET

3. Office Sought or Held

OFFICE SOUGHT OR HELD
COUNCIL MEMBER

JURISDICTION (LOCATION)
WEST HOLLYWOOD

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 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 \$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 Jan 22, 2015 DATE

By John Allendorfer SIGNATURE OF OFFICEHOLDER OR CANDIDATE

