

**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><u>3/6/07</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>	<p>RECEIVED CITY OF WEST HOLLYWOOD 07 FEB -5 PM 3:04 OFFICE OF THE CITY CLERK</p>	<p>CALIFORNIA FORM 470 For Official Use Only</p>
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1. Statement Covers Calendar Year 20 07.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE SHAWN HOFFMAN

STREET ADDRESS PO Box 694106

CITY West Hollywood STATE CA ZIP CODE 90069

AREA CODE/DAYTIME PHONE NUMBER 323-654-8827 OPTIONAL FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD City Council

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 1/31/07 DATE

By Shawn Hoffman SIGNATURE OF OFFICEHOLDER OR CANDIDATE