

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

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**CALIFORNIA
FORM 470**

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

Amendment (Explain Below)

JUL 27 2017

For Official Use Only

TOWN OF LOS ALTOS HILLS

1. Statement Covers Calendar Year 20 17.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michelle Wu
STREET ADDRESS
CITY STATE ZIP CODE
Los Altos Hills CA 94022
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Council Member
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Town of Los Altos Hills

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 foregoing is true and correct.

Executed on July 27, 2017
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form