

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>3/7/2017</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>	<p>Date Stamp</p> <p>RECEIVED CITY OF BEVERLY HILLS 2019 JAN 17 P 2:56</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p> <p><i>WR</i> <u>indexed</u></p>
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CITY CLERK'S OFFICE

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
VERA MARKOWITZ

STREET ADDRESS
115 ARDEN DR.

CITY Beverly Hills STATE CA ZIP CODE 90210

AREA CODE/DAYTIME PHONE NUMBER 310-890 8403 OPTIONAL: FAX / E-MAIL ADDRESS _____

OFFICE SOUGHT OR HELD
Beverly Hills 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 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 1/17/2019 DATE

By *Vera Markowitz* SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form **Print Form**