

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)
3-7-17

Amendment (Explain Below)

Date Stamp
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1. Statement Covers Calendar Year 20 17.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
HOWARD FISHER
STREET ADDRESS
445 N. REXFORD DR.
CITY STATE ZIP CODE
B.H. CA 90212
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
310-553-2000

3. Office Sought or Held

OFFICE SOUGHT OR HELD
TREASURER
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
BEVERLY 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
<u>N/A</u>		

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 7-23-17
DATE

By Howard A. Fisher
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form