Officeholder and Candidate Campaign Statement – Short Form

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA FORM 470

For Official Use Only

Date Stamp

CITY OF FOSTER CITY
ETHIC
13 SEP 11 AM 11:00
RECEIVED

Date of election if applicable: (Month, Day, Year) 11/5/13

☐ **Amendment** (Explain Below)

1. Statement Covers Calendar Year 20 13 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Charlie Bronitsky

STREET ADDRESS

756 Niantic Dr.

CITY | STATE | ZIP CODE

Foster City | CA | 94404

AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX / E-MAIL ADDRESS

(650) 918-5760

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Councilmember

JURISDICTION (LOCATION)

Foster City

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 9/10/13 (DATE)

By (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)