

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)
Nov. 8, 2016

Amendment (Explain Below)

Date Stamp
RECEIVED

SEP 29 2016

TOWN OF LOS ALTOS HILLS

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michelle Wu

STREET ADDRESS

CITY
Los Altos Hills

STATE
CA

ZIP CODE
94022

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Council Member

JURISDICTION (LOCATION)
Town of Los Altos Hills

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

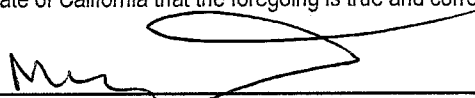
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| 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 9/29/2016
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form