

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

Date of election if applicable: (Month, Day, Year) _____ _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp	CALIFORNIA FORM 470 For Official Use Only
CITY CLERK'S OFFICE JUL 31 2020 PM03:49	

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michelle Kile

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Elk Grove CA 95624

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Mayor of Elk Grove

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Elk Grove

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>Committee to elect michelle kile</u>	[REDACTED] <u>Elk Grove CA 95624</u>	<u>Kim Lane</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 7-31-2020
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE