

Officeholder and Candidate
Campaign Statement -
Short Form

Date Stamp	Received by Anthony Suber 10.22.20	CALIFORNIA FORM 470
		For Official Use Only

Date of election if applicable: (Month, Day, Year) <u>Nov. 3, 2020</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Elizabeth Lewis

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Atherton CA 94027

AREA/DISTRICT/TIME PHONE NUMBER
[REDACTED]

OPTIONAL FAX / E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION)
Town of Atherton

DISTRICT NUMBER (IF APPLICABLE)
[REDACTED]

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 ID. 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 this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

DATE 10/21/2020 By [REDACTED]
OFFICEHOLDER OR CANDIDATE