Officeholder and Candidate	Type or print in ink.		Date Stamp CALLEGENIA A STA	
Campaign Statement – Short Form				CALIFORNIA 470
Government Code Section 84206)	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED	For Official Use Only
	Nov. 2, 2010	2010	AUG -3 A II: 12	
I. Statement Covers Calendar Year	· 20 _/O .	CITY	OF DANA PUINT	
2. Officeholder or Candidate Inform	nation	3. Office Sought or I	Held	······································
NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD		
Kislia Dana STREET ADDRESS			il	DISTRICT NUMBER
		DAMA POIN		(IF APPLICABLE)
Сіту	STATE ZIP CODE		, , , , , , , , , , , , , , , , , , , ,	
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRE	:55 '		
4. Committee Information				
List all committees of which you have knowledge that are primarily form COMMITTEE NAME AND I.D. NUMBER				
COMMITTEE NAME AND I.D. NOMBE	-N	COMMITTEE ADDRESS	NAME	OF TREASURER
N/A /				
5. Verification				
I declare under penalty of perjury that to th calendar year and that I have used all reas that the foregoing is true and correct.	e best of my knowledge I anticip sonable diligence in preparing th	pate that I will receive less than \$1,0 his statement. I certify under penalt	00 and that I will spend le y of perjury under the law	ss than \$1,000 during the s of the State of California
Executed on 08/03/7010	<u> </u>	By Du		
DATE	SIGNATURE OF OFFICEHOLDER OR CANDIDATE			