Officeholder and Candidate Campaign Statement -						Date Stamp	CALIFORNIA 470	
		Date of election if applicable: (Month, Day, Year) November 3, 2020	Amendm	Amendment (Explain Below)		0 4:25 PM	For Official Use Only	
1.	Statement Covers Calendar Year 2	20				(90)		
2.	Officeholder or Candidate Information				3. Office Sought or Held			
	NAME OF OFFICEHOLDER OR CANDIDATE JOE CABRERA ZERMENO				оргісе sought on held Governing Member of the City Council			
	STREET ADDRESS 21929 Seine AvenueN/A				JURISDICTION (LOCATION) City of Hawaiian Gardens DISTRICT NUMBER (IF APPLICABLE)			
	ताप Hawaiian Gardens	STATE ZIP COL 20	90716					
	AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS (562) 329-3963 voicesofhg@gmail.com							
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			DRESS	NAME OF TREASURER			
N/A			N/A			N/A		
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.							
	August 7, 2020 Executed on				ву	E C ZUMÉ SIGNATURE DE OFFICEHOLDER C	INCO DIR CANDIDATE	
-	Clear Farm: Print Form				V	ED	DC Form 478/470 Supplement (inp/	