

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

Date of election if applicable:
(Month, Day, Year)

November 3, 2020

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
PHILLIP ANTHONY CABRERA

STREET ADDRESS
21926 Seine Avenue

CITY STATE ZIP CODE
Hawaiian Gardens CA 90716

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(562) 480-2846 Pcabrera31@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Member of the City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Hawaiian Gardens

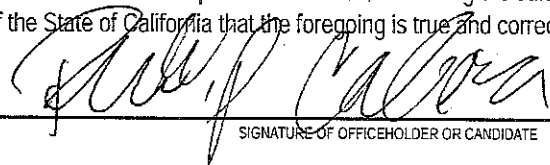
4. Committee Information
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
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.

Executed on August 7, 2020 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE



*Rec'd
8/17/2020
1:35 PM
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