Campaign Statement — Short Form Government Code Section 84206)						SHORT FORM		
		Type or print in ink.			Date Stamp	CALIFORNIA 470		
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)		Ann XI	For Official Use Only		
		3-8-2011						
	Statement Covers Calendar Year 20	11						
)	Officeholder or Candidate Information			3. Office Sought or Held				
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD				
	Judy M. Nelson			City Council				
	STREET ADDRESS			JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)		
				Glendora		(IF AFFLICABLE)		
	CITY	STATE ZIP CODE						
	Glendora	CA 91741						
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRE	:55					
•	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							
	none							
-	Verification	,						
	declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 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 January 4, 2012			Ву	Judy m. Nelson	·		
	DATE			-,	SIGN TVIRE OF OFFICEHOLDER OR CAN	DIDATE		