

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

Date of election if applicable:
(Month, Day, Year)
3/3/2020

Amendment (Explain Below)

<small>Date Stamp</small> CITY OF FOSTER EMID 20 JAN 29 AM 10:54 RECEIVED	CALIFORNIA FORM 470 <small>For Official Use Only</small>
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1. Statement Covers Calendar Year 20 2020

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
LaTisa M Brooks

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Foster City CA 94404

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

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
Citizens Against The Perez Recall ID #1421385	[REDACTED] San Mateo, CA 94402	LaTisa M Brooks

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 1/20/20
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

