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Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
11.4.14			For Official Use Only

1. Statement Covers Calendar Year 20 14.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Gina Puls

STREET ADDRESS: 75696 Vista del Rey

CITY: Indian Wells STATE: CA ZIP CODE: 92210

AREA CODE/DAYTIME PHONE NUMBER: 817-714-9438 OPTIONAL: FAX / E-MAIL ADDRESS: 817-501-7532

3. Office Sought or Held

OFFICE SOUGHT OR HELD: City Council

JURISDICTION (LOCATION):

DISTRICT NUMBER (IF APPLICABLE):

ginapuls@yahoo.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 ADDRESS	NAME OF TREASURER

5. Verification

I 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 10.14.14 (DATE)

By Regina Gina Pohn-Puls (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

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