Officeholder and Candidate
Campaign Statement -
Short Form

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

11/4/14

□ Amendment (Explain Below)

Statement Covers Calendar Year 2014.

Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Kristen Brake

STREET ADDRESS

CITY

Ontario

STATE

CA

ZIP CODE

91764

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION)

DISTRICT NUMBER

OF APPLICABLE

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

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 7/30/14

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2008)
FPPC Form 470/470 Supplement Instructions - Rev. 2 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov