

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

Date of election if applicable: (Month, Day, Year)  November 3, 2020	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____
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Date Stamp <b>RECEIVED</b> AUG 02 2021 CITY CLERK'S OFFICE	CALIFORNIA FORM <b>470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 21 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE		
Elizabeth Gibbons		
STREET ADDRESS		
[REDACTED]		
CITY	STATE	ZIP CODE
Campbell	CA	95008
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS
408-623-5030		

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD	
Councilmember	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
City of Campbell	

**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
None		

**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 July 31, 2021  
DATE

By *Elizabeth Gibbons*  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE