Officeholder and Candidate Campaign Statement – Short Form					RECEIVED CALIFORNIA 470			
		Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)		FEB 27 2025 CITY CLERK DEPARTMEN	For Official Use Only		
1.	Statement Covers Calendar Year 20 25							
2.	Officeholder or Candidate Information			3. Office Sought or Held				
	NAME OF OFFICEHOLDER OR CANDIDATE		_	OFFICE SOUGHT OR HELD				
	Judith Merlo			City Council				
ů.	STREET ADDRESS			JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)		
		70.00		Vernon		23		
	CITY	STATE ZIP CODE						
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	_					
4.	Committee Information List all committees of which you have knowledge that are primarily formed to receive			itions or to make expendit	tures on behalf of your candidacy.			
	COMMITTEE NAME AND I.D. NUMBER		COMMITTE	EE ADDRESS	NAME OF	NAME OF TREASURER		
5.	I declare under penalty of periury that to the best of m	y knowledge I anticipate that I will	receive less the	han \$2,000 and that I will spe	end less than \$2,000 during the cale	rear year and that I have used		
	all reasonable diligence in preparing this statement. I	certify under penalty of perjury und	der the la	1	SIGNATURE OF OFFICEHOLDER OR CANDIDATE			
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FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Officeholder and Candidate						
Campaign Statement Form 470 Supplement SEE INSTRUCTIONS ON REVERSE		Amendment (Explain Below)	Date Stamp	CALIFORNIA 470 FORM SUPPLEMENT For Official Use Only		
This form is written notification that the officeholder/car made expenditures of \$2,000 or more during the calend		d contributions totaling \$2,000 or more or ha	ıs			
Officeholder or Candidate Information			1	2		
NAME OF OFFICEHOLDER OR CANDIDATE				-		
Judith Merlo						
STREET ADDRESS						
3376 East 50th Street						
CITY	STATE	ZIP CODE				
Vernon	CA	90058				
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS					
213-321-7424	MerloJud	lith@yahoo.com	-			
2. Office Sought						
OFFICE SOUGHT		DISTRICT N (IF APPLICA				
City Council		23				
DATE OF ELECTION (MONTH, DAY, YEAR)	***					
2. Date Contributions Totaling \$2.000 or M	oro Wara Pacaivad or Da	to Expanditures of \$2 000 or More	Wara Mada			
3. Date Contributions Totaling \$2,000 or Mo	ore where Received of Da	te Expenditures of \$2,000 of more	TTGIC MAUC			
0						
(MONTH, DAY, YEAR)						