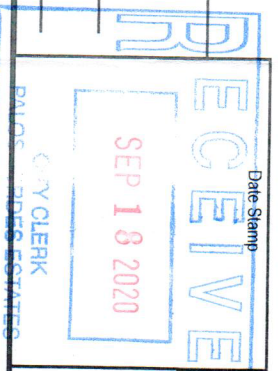


**Officeholder and Candidate
Campaign Statement -
Short Form**

7/1/20 - 9/19/20

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

Amendment (Explain Below)



CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Gayne Brenneman
STREET ADDRESS
1540 Via Zurita
CITY
Palos Verdes estates STATE
CA ZIP CODE
90274-1932
AREA CODE/DAYTIME PHONE NUMBER
OPTIONAL - FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Palos Verdes estates City Council
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 ID. 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 \$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 9-15-20 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE