

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

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

3/8/11

Amendment (Explain Below)

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Date Stamp

CITY OF [unclear]

11 JAN 27 PM 2:01

OFFICE OF THE CITY CLERK

**CALIFORNIA FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 11.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
MARTIN TOPP

STREET ADDRESS  
9046 CYNTHIA STREET

CITY STATE ZIP CODE  
WEST HOLLYWOOD CA 90069

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
310/271-1188 TOPP4COUNCIL@HOTMAIL.COM

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
CITY COUNCIL

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
WEST HOLLYWOOD, CA N/A

**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 |
|--------------------------------|-------------------|-------------------|
| <u>NONE</u>                    |                   |                   |
|                                |                   |                   |

**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 1/26/11  
DATE

By [Signature]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE