

Officeholder and Candidate  
Campaign Statement –  
Short Form

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

November 5, 2024

Amendment (Explain Below)

Date Stamp  
AUG 7 2024 PHM  
CITY OF SIGNAL HILL

CALIFORNIA  
FORM

For Official Use Only

470

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Sonia Savoulian

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Signal Hill

AREA CODE/DAYTIME PHONE NUMBER

CA

90755

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

Signal Hill

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 I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than 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 to the best of my knowledge and that I have used

08/05/2024

Executed on \_\_\_\_\_

DATE

[REDACTED]

Supplement (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov