

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



CALIFORNIA FORM **470**
For Official Use Only

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

9/3/2020

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 _____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
William Davis
STREET ADDRESS
[REDACTED]
[REDACTED]
AREA CODE/DAYTIME PHONE NUMBER
951 2320223
OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council
JURISDICTION (LOCATION)
Calimesa
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
Na	Na	Na
Na	Na	Na

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 9/23/2020
DATE

By William Davis
SIGNATURE OF OFFICEHOLDER OR CANDIDATE