

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

CALIFORNIA FORM **470**  
For Official Use Only

RECEIVED  
Date Stamp  
**SEP 22 2020**  
CITY CLERK'S OFFICE

Date of election if applicable:  
(Month, Day, Year)  
11/03/2020

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 20 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

LINDA MOLINA

STREET ADDRESS



AREA CODE/DAYTIME PHONE NUMBER

626 731 2335

OPTIONAL: FAX / E-MAIL ADDRESS

arcs8lady@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

City of Calimesa

DISTRICT NUMBER  
(IF APPLICABLE)

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>Committee to Re-Elect Linda Molina</u>		<u>LINDA MOLINA</u>

**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 09/22/2020  
DATE

By Linda Molina  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE