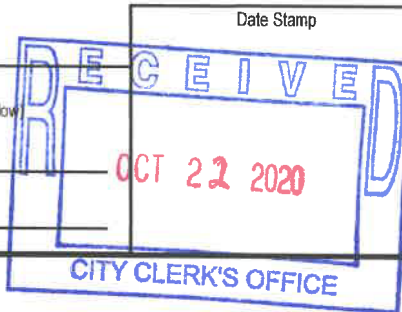


**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable: (Month, Day, Year) Nov. 3, 2020	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp 	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 20

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 William E. Davis

STREET ADDRESS

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 951 2320223

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 City Council member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 Calimesa Na

4. Committee Information

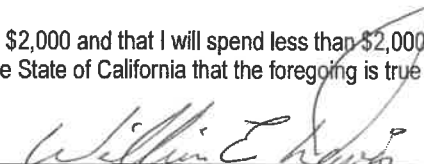
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 10/22/2020
 DATE

By 
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE