

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

CALIFORNIA  
FORM

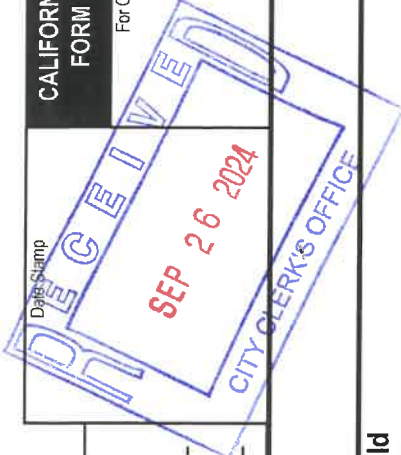
**470**

For Official Use Only

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

November 5, 2024

Amendment (Explain Below)



**1. Statement Covers Calendar Year 20** 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

William Davis

STREET ADDRESS

35400 Singleton Road

CITY

Calimesa

AREA CODE/DAYTIME PHONE NUMBER

951 232-0223

STATE ZIP CODE

CA 92320

OPTIONAL: FAX /E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

City Council Member

JURISDICTION (LOCATION)

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

**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 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 September 26, 2024

DATE

By *William Davis*

SIGNATURE OF OFFICEHOLDER OR CANDIDATE