

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

Date Stamp <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid red; padding: 2px; text-align: center; color: red; font-weight: bold; font-size: 0.8em;">OCT 24 2024</div> <div style="border: 1px solid blue; padding: 2px; text-align: center; color: blue; font-weight: bold; font-size: 0.7em;">CITY CLERK'S OFFICE</div>	CALIFORNIA FORM 470 <small>For Official Use Only</small>
Date of election if applicable: (Month, Day, Year) November 5, 2024	<input type="checkbox"/> Amendment (Explain Below)

1. Statement Covers Calendar Year 20 2024.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
William Davis

STREET ADDRESS
35400 Singleton Road

CITY
Calimesa STATE
CA ZIP CODE
92320

AREA CODE/DAYTIME PHONE NUMBER
951 232-0223 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	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 October 21, 2024 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE