

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

Date Stamp	CALIFORNIA FORM 470 For Official Use Only
Date of election if applicable: (Month, Day, Year)	RECEIVED OCT 23 2024 CITY CLERK'S OFFICE
<input type="checkbox"/> Amendment (Explain Below)	
Date of election if applicable: (Month, Day, Year)	

1. Statement Covers Calendar Year 20 24. 9-22-24 - 10-19-24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE Wendy Hewitt

STREET ADDRESS 955 Roberts Rd.

CITY Calimesa, CA STATE CA ZIP CODE 92320

AREA CODE/DAYTIME PHONE NUMBER 909-709-8519 OPTIONAL: FAX/E-MAIL ADDRESS whmaker204@aol.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD City Council

JURISDICTION (LOCATION) Calimesa, CA

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
<u>1433781</u>	<u>955 Roberts Rd.</u>	<u>Wendy Hewitt</u>
<u>Wendy Hewitt for</u>	<u>Calimesa, Ca. 92320</u>	
<u>City Council 2024</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 Oct. 22, 2024 DATE

By Wendy Hewitt SIGNATURE OF OFFICEHOLDER OR CANDIDATE