


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

Date of election if applicable: (Month, Day, Year) <u>11/5/2024</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
Date Stamp 	
CALIFORNIA FORM 470 For Official Use Only	

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
William E Davis

STREET ADDRESS
600 Park Ave.

CITY
Calimesa STATE
Ca ZIP CODE
92320

AREA CODE/DAYTIME PHONE NUMBER
909 795 9801

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Council member

JURISDICTION (LOCATION)
City of Calimesa

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
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 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 1/14/2025 DATE
 By William E Davis SIGNATURE OF OFFICEHOLDER OR CANDIDATE