

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
11/3/2020

Amendment (Explain Below)

Date Stamp
City of Grover Beach
OCT 08 2020
RECEIVED

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 20

2. Officeholder or Candidate Information
NAME OF OFFICEHOLDER OR CANDIDATE
Joseph Holmes
STREET ADDRESS
[REDACTED]
CITY Grover Beach STATE CA ZIP CODE 93433
AREA CODE/DAYTIME PHONE NUMBER [REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held
OFFICE SOUGHT OR HELD
City Councilman
JURISDICTION (LOCATION) Grover Beach 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>NA</u>	<u>NA</u>	<u>NA</u>
<u>NA</u>	<u>NA</u>	<u>NA</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 10/4/2020 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE