

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

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

November 3, 2020

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

David R. Jones

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE

Healdsburg CA 95448

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED] [REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

City of Healdsburg

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
Jones for Healdsburg City Council 2020	[REDACTED] Healdsburg, CA 95448	Camille Jones

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 08/17/2020 DATE

By [REDACTED] CANDIDATE