

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)
11.8.2022

Amendment (Explain Below)

Date Stamp
RECEIVED
AUG 10 2022
CITY OF ARCATA
CITY MANAGER'S OFFICE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
DANA QUILLMAN

STREET ADDRESS
[REDACTED] ARCATA CA 95521

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City of Arcata Council Member

JURISDICTION (LOCATION) [REDACTED] DISTRICT NUMBER (IF APPLICABLE) [REDACTED]

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

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 a 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 information provided is true and correct.

Executed on 8.10.2022
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form