

Officeholder and Candidate
Campaign Statement -
Short Form

CALIFORNIA
FORM 470

For Official Use Only

MAR 09 2022

CITY OF ARCATA
CITY MANAGER'S OFFICE

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below) _____ _____ _____	Date Stamp
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

DANA Quillman

STREET ADDRESS

[REDACTED]

CITY

ARCATA

STATE

CA

ZIP CODE

95518

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council Member

JURISDICTION (LOCATION)

ARCATA

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
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

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 3.8.2022

DATE

By _____

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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