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AUG 07 2020

CITY OF CLEARLAKE

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) November 3, 2020	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	Date Stamp	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 _____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Joyce Overton

STREET ADDRESS
 [REDACTED]

CITY STATE ZIP CODE
 Clearlake CA 95422

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 Clearlake

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
N/A		

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 August 6, 2020 DATE

By Joyce Overton SIGNATURE OF OFFICEHOLDER OR CANDIDATE