

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

Date of election if applicable:
(Month, Day, Year)
6.7.2022

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470
For Official Use Only
MAR 09 2022
CITY OF ARCATA
CITY MANAGER'S OFFICE

1. Statement Covers Calendar Year 20 22.

2. **Officeholder or Candidate Information**
NAME OF OFFICEHOLDER OR CANDIDATE
DANA Quillman
STREET ADDRESS
[REDACTED]
CITY STATE ZIP CODE
ARCATA CA 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) DISTRICT NUMBER (IF APPLICABLE)
ARCATA

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 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 [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form