Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
11-8-22		RECEIVED OCT 10 2022 HERMOSA BEACH CITY CLERK	For Official Use Only

1. **Statement Covers Calendar Year 20** 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Raymond Jackson

STREET ADDRESS
[redacted]

CITY | STATE | ZIP CODE
Hermosa Beach, CA 90254

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Councilmember, City of Hermosa Beach

JURISDICTION (LOCATION)
Hermosa Beach, CA

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
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 $[redacted]00 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 [redacted]ue and correct.

Executed on 6 Oct, 2022
DATE

By [redacted]
[redacted]EHOLDER OR CANDIDATE