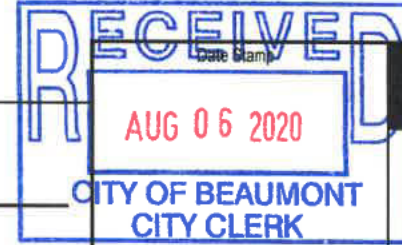


**Officeholder and Candidate
Campaign Statement –
Short Form**



CALIFORNIA FORM **470**

For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11-3-20

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
David L Fenn

STREET ADDRESS
1431 Willowbend way

CITY STATE ZIP CODE
Beaumont CA 92223

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
951-265-5200 davefenn92@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Beaumont

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 8-6-20
DATE

By [Redacted Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE