

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

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

NOVEMBER 3, 2020

Amendment (Explain Below)

Date Stamp
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**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
WAYNE HAMPTON HOLLAND, III
STREET ADDRESS

CITY STATE ZIP CODE
SIMI VALLEY CA 93063
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
661 266 0000

3. Office Sought or Held

OFFICE SOUGHT OR HELD
MAYOR OF SIMI VALLEY
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
SIMI VALLEY

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 |
|--------------------------------|-------------------|-------------------|
| NA | NA | NA |
| NA | NA | NA |

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 SEPTEMBER 21, 2020
DATE

By Wayne Holland III
SIGNATURE OF OFFICEHOLDER OR CANDIDATE