

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

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

April 4, 2017

Amendment (Explain Below)

8/2/21 (15)

Date Stamp

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CAMPAIGN FINANCE

CALIFORNIA
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Yvette V. Davis

STREET ADDRESS

CITY STATE ZIP CODE
Glendale CA 91207

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818-246-9524

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Trustees

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Glendale Community College Area 4

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 7/28/2021 By _____

DATE