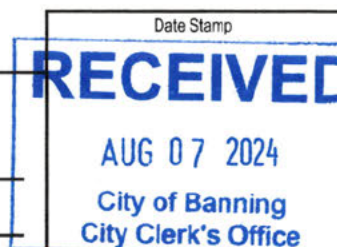


Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year)
11/5/2024

☐ Amendment (Explain Below)



CALIFORNIA FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 ²⁴ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

David Happe



AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council District 4

JURISDICTION (LOCATION)

City of Banning

DISTRICT NUMBER
(IF APPLICABLE)

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
Committee to Elect David Happe Banning City Council 2022 ID # 1453571	4256 Hillside Dr. Banning CA 92220	Stacey Happe

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 8/6/2024
DATE

By
SIGNATURE OF OFFICEHOLDER OR CANDIDATE