Officeholder and Candidate Campaign Statement - Short Form

1. Statement Covers Calendar Year 20

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE
   AYALA, PHILLIP P
   STREET ADDRESS
   CITY
   STATE
   ZIP CODE
   SAN JACINTO, CA 92582
   AREA CODE/DAYTIME PHONE NUMBER
   OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held
   OFFICE SOUGHT OR HELD
   CITY COUNCIL
   JURISDICTION (LOCATION)
   SAN JACINTO CITY
   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

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 the foregoing is true and correct.

   Executed on 24 SEP 20
   DATE
   By

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Officeholder and Candidate
Campaign Statement -
Form 470 Supplement

This form is written notification that the officeholder/candidate listed below has received contributions totaling $2,000 or more
or has made expenditures of $2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
AYALA, PHILIP P.

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

EMAIL ADDRESS

 philayala@me.com

2. Office Sought

OFFICE SOUGHT
SAN JACINTO CITY COUNCIL

DATE OF ELECTION (MONTH, DAY, YEAR)
NOVEMBER 3RD, 2020

3. Date Contributions Totaling $2,000 or More Were Received or Date Expenditures of $2,000 or More Were Made

(MONTH, DAY, YEAR)