

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

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CALIFORNIA FORM **470**

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

November 3, 2020

Amendment (Explain Below)

BY: _____

OCT 23 2020


For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Maria Wilson
STREET ADDRESS
1569 Anconia Street
CITY STATE ZIP CODE
Oakdale CA 95361
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
209-845-3571 mariawilson2008@comcast.

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Treasurer
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Oakdale

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		

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 10/23/20
DATE

By Maria Wilson
SIGNATURE OF OFFICEHOLDER OR CANDIDATE