

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) <u>11-3-20</u>	<input type="checkbox"/> Amendment (Explain Below)	(Date Stamp) CITY CLERK'S OFFICE 2020 JUL 30 AM 11:46 CITY OF TRACY TRACY, CA	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Raymond W. McCray
 STREET ADDRESS
Tracy
 CITY
 STATE Cal. ZIP CODE 95376
 AREA CODE DAY TIME PHONE NUMBER
 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Treasurer / Tracy
 JURISDICTION (LOCATION)
city of Tracy
 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
<u>None</u>		

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 7-29-2020
 DATE

By [Redacted Signature]
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE