Officeholder and Candidate 
Campaign Statement – 
Short Form 
(Government Code Section 84206)

Date of election if applicable: 
(Month, Day, Year) 
□ Amendment (Explain Below) 

CALIFORNIA FORM 470 
SHORT FORM

1. Statement Covers Calendar Year 20

2. Officeholder or Candidate Information 
NAME OF OFFICEHOLDER OR CANDIDATE 
Jerry L Clay 
STREET ADDRESS 
6907 El Camino Real 
CITY Atascadero 
STATE CA 
ZIP CODE 93422 
AREA CODE/DAYTIME PHONE NUMBER 805-470-3400 
OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held 
OFFICE SOUGHT OR HELD 
Council Member 
JURISDICTION (LOCATION) City of Atascadero 
DISTRICT NUMBER

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. 

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<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
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5. Verification 
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $1,000 and that I will spend less than $1,000 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 July 31, 2012

By ____________________________
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (January/08) 
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)