

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

Date of election if applicable: (Month, Day, Year) <u>11/03/20</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp
 SEP 28 2020 AM 10:03
 RUDY UPLAND CITY CLERK

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Darwin Cruz

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
[REDACTED] CA 91786

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Treasurer

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Upland, CA

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
N/A	N/A	N/A
N/A	N/A	N/A

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 information provided is true and correct.

Executed on September 24, 2020
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE