

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

Date of election if applicable:
(Month, Day, Year)
Nov 6
2018

Amendment (Explain Below)

Date Stamp
**CITY OF CLOVERDALE
RECEIVED**
JAN 08 2020

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 19.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
MARTA CRUZ

[REDACTED]
[REDACTED] Clverdale 95425
CITY STATE ZIP CODE

[REDACTED] - [REDACTED] mcruz@ci.cloverdale-ca.us
PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Council member

[REDACTED] CLOVERDALE
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 that the information provided is true and correct.

Executed on 8 Jan 2020 DATE By [REDACTED] OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form