

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

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Date Stamp	CALIFORNIA FORM 470
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2023 AUG -4 PM 1:12	
CAMPAIGN FINANCE	021614

<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
<u>Robert G. Cruz</u>		
CITY	STATE	ZIP CODE
<u>626</u>	<u>CA</u>	<u>91107</u>
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS
<u>626 344-3946</u>		

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
<u>Board Member</u>	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
<u>Kennilora Irrigation</u>	

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 foregoing is true and correct.

Executed on 8-4-2023
DATE