

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

7/31/23 USPS

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

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2023 AUG -2 AM 11:35
CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA
FORM **470**
For Official Use Only

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Maria E. Cruz

STREET ADDRESS

CITY STATE ZIP CODE
Covina CA 91722

AREA CODE/DAYTIME PHONE NUMBER . OPTIONAL: FAX / E-MAIL ADDRESS
626-201-9270

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER
(IF APPLICABLE)
Covina-Valley USD 3

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of th

Executed on 7/30/2023
DATE

By.