| Officeholder and Candidate<br>Campaign Statement –<br>Short Form |   |   |  |                                  |   | RETEN ED BY   | CALIFORNIA 470                  |  |
|--|---|---|--|----------------------------------|---|---|---------------------------------|--|
|  |   | Date of election if applicable:<br>(Month, Day, Year) |  | Amendment (Explain Below)        |   | 2024 AUG 21 PM 2:   | For Official Use Only           |  |
|  |   |   |  |                                  |   | CAMPAIGN FINANC   |                                 |  |
| 1.   | Statement Covers Calendar Year 20 24  |   |  |                                  |   |   |                                 |  |
| 2.   | Officeholder or Candidate Information 3. Office   |   |  |                                  | Office Sought or He   | Sought or Held  |                                 |  |
|  | NAME OF OFFICEHOLDER OR CANDIDATE   |   |  |                                  | OFFICE SOUGHT OR HELD   |   |                                 |  |
|  | Cindy Ruiz  |   |  |                                  | Walnut Valley Unifie  | alley Unified Schools Board of Trustees                                       |                                 |  |
|  | STREET ADDRESS  |   |  |                                  | JURISDICTION (LOCATION)                                       | DISTRICT NUMBER<br>(IF APPLICABLE)  |                                 |  |
|  |   |   |  |                                  | Los Angeles County  |   | (IFAFEIGABLE)                   |  |
|  | CITY  |   | ZIP CODE                               |                                  |   |   |                                 |  |
|  | West Covina   |   | 91792                                  |                                  |   |   |                                 |  |
|  | AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS   |   |  |                                  |   |   |                                 |  |
|  | 909-973-9677 CindyMRuiz@gmail.com   |   |  |                                  |   |   |                                 |  |
| 4.   | Committee Information  List all committees of which you have knowledge that are primarily formed to receive contributions or to make exp  COMMITTEE NAME AND I.D. NUMBER  COMMITTEE ADDRESS |   |  |                                  |   | nditures on behalf of your candidacy.  NAME OF TREASURER                      |                                 |  |
|  |   |   |  |                                  |   |   |                                 |  |
|  | Committee to Elect Cindy Ruiz for Walnut Unified Schc 3249 E Hilltonia Dr.  |   |  | ia Dr. Wes                       | t Covina, CA 91792  | Jerry Chang   |                                 |  |
|  |   |   |  |                                  |   |   |                                 |  |
| 5.   | Verification  |   |  |                                  |   |   |                                 |  |
|  | I declare under penalty of perjury that to the best of all reasonable diligence in preparing this statement.  Aug. 16, 2024   | ny knowledge I antici<br>I certify under penalt       | pate that I will i<br>y of perjury und | receive less t<br>der the laws o | han \$2,000 and that I will sport the State of California tha | pend less than \$2,000 during the cal<br>t the foregoing is true and correct. | endar year and that I have used |  |
|  | Executed on   |   |  |                                  |   |   |                                 |  |
|  | Sile  |   |  |                                  |   |   |                                 |  |