

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

5724

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

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2024 AUG -2 AM 9:00
CAMPAIGN FINANCE

CALIFORNIA FORM 470
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020776

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Maria Elizabeth Cruz

STREET ADDRESS
Covina

CITY Covina STATE CA ZIP CODE 91722

AREA CODE/DAYTIME PHONE NUMBER (626) 201-9270

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Member

JURISDICTION (LOCATION)
Covina-Valley Unified School District

DISTRICT NUMBER (IF APPLICABLE) 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

and that I have used

Executed on 8/2/24 DATE

By _____