

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

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

Nov. 3rd 2020

Amendment (Explain Below)

Date Stamp

Received At Counter

OCT 21 2020

City of Live Oak

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Cruz Mora

STREET ADDRESS

CITY

Live Oak

STATE

Ca

ZIP CODE

95953

AREA CODE/DAYTIME PHONE NUMBER

530-933-2521

OPTIONAL: FAX / E-MAIL ADDRESS

cruzmora5149@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

City of Live Oak

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
MORA FOR LIVE OAK CITY COUNCIL 2020; CRUZ	N/A	Erica Melchor
ID# 1431516		

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 10-18-2020 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE