

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) <u>11/5/2024</u>	☐ Amendment (Explain Below) _____ _____	Date Stamp	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Mariana Pineda Ruiz

STREET ADDRESS

[REDACTED]

CITY

Williams

AREA CODE/DAYTIME PHONE NUMBER

(530) 723-8014

STATE

ZIP CODE

CA

95987

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Clerk

JURISDICTION (LOCATION)

City of Williams

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

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

8/8/2024

DATE

[REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE