

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

Date of election if applicable: (Month, Day, Year) <u>11/08/2016</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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CITY OF SANTA CLARITA Date stamp 2016 SEP 28 PM 5:22 CITY CLERKS OFFICE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 16

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
David Ruelas

STREET ADDRESS

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Councilmember

JURISDICTION (LOCATION) <u>Santa Clarita</u>	DISTRICT NUMBER (IF APPLICABLE)
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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
David Ruelas for City Council 2016 I.D. number 1390075		David Ruelas

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 09/29/2016
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form **Print Form**