

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

City of San Clemente	CALIFORNIA FORM	470
SEP 25 2020	For Official Use Only	
City Clerk Department		

Date of election if applicable: (Month, Day, Year) <u>11/3/2020</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Laron Rush

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
San Clemente CA 92672

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council 2 year seat

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
San Clemente

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 9/25/2020
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE