Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
		RECEIVED UPLAND CITY CLERK'S OFFICE 19 JUL -1 PM 4:29	For Official Use Only

1. **Statement Covers Calendar Year 20** 19 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Larry Kinley

STREET ADDRESS

INFORMATION REDACTED

CITY	STATE	ZIP CODE
Upland	CA	91784

AREA CODE/DAYTIME PHONE NUMBER

INFORMATION REDACTED

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Treasurer

JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
City of Upland	

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
None		

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.

INFORMATION REDACTED

Executed on July 1, 2019
DATE

By
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form | Print Form