

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

**FILED THIS DATE IN THE OFFICE
OF THE CITY CLERK OF THE
CITY OF CHINO**

Date Stamp
AUG 06 2020

City Clerk, *[Signature]*

Deputy City Clerk

CALIFORNIA FORM 470

For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11/3/20

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Comptroller Hernandez

STREET ADDRESS
16003 Nature Trail - Ca - 91708 -

CITY STATE ZIP CODE
415 712-3329 *c.hitchcock@nature.com*

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / EMAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Mayor

JURISDICTION (LOCATION)
City of Chino

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

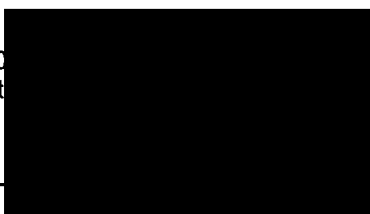
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| 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 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 information provided is true and correct.

Executed on 8/06/20 DATE

By  OFFICEHOLDER OR CANDIDATE