

Officeholder and Candidate
Campaign Statement –
Short Form

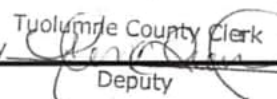
Date of election if applicable:
(Month, Day, Year)

☐ Amendment (Explain Below)

Date Stamp

Filed

NOV 29 2023

Tuolumne County Clerk
By 
Deputy

CALIFORNIA
FORM

470

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Darren Duez

STREET ADDRESS



CITY

Sonora

STATE

CA

ZIP CODE

95370

AREA CODE/DAYTIME PHONE NUMBER



OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Sonora City Council

JURISDICTION (LOCATION)

Sonora city

DISTRICT NUMBER
(IF APPLICABLE)

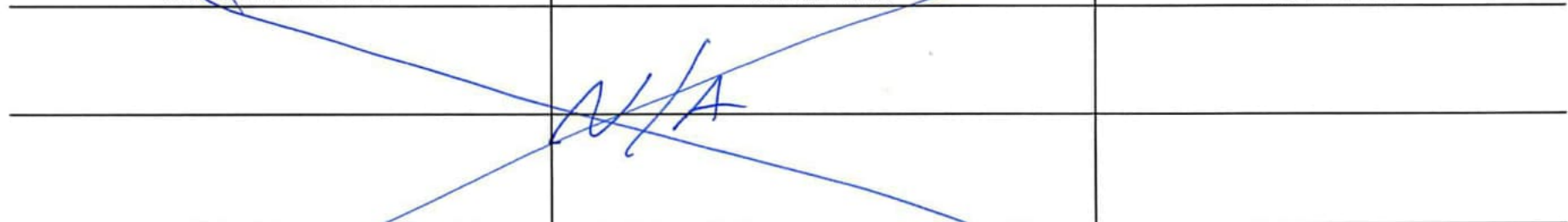
4. Committee Information

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

11/29/23

DATE

By

