	RECEIVED CALIFORNIA 501
Check One:	For Official Use Only JUL 3 1 2020
	Office of the
1. Candidate Information:	City Clerk
NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAIL (optional)
CUIS Diana L STREET ADDRESS CITY	
AN C T	STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DIAGRAM	CA 95382 ISTRICT NUMBER, if applicable NON-PARTISAN OFFICE
City Treasurer	
OFFICE JURISDICTION	PARTY PREFERENCE: (Check one box, if applicable.)
State (Complete Part 2.) City County Multi-County:	PRIMARY / GENERAL
City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF
(Check one box) I accept the voluntary expenditure ceiling for the election stated above.	
 I do not accept the voluntary expenditure ceiling for the election stated above. Amendment: I did not exceed the expenditure ceiling in the primary or special election held on ceiling for the general or special run-off election. 	and I accept the voluntary expenditure
Amendment: O I did not exceed the expenditure ceiling in the primary or special election held on	
Amendment: O I did not exceed the expenditure ceiling in the primary or special election held on ceiling for the general or special run-off election. (Mark if applicable)	