Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)		Received City of Mission Viejo	CALIFORNIA 470 FORM For Official Use Only
		November 3, 2020			SEP 2 2 2020	
1.	Statement Covers Calendar Year 20 20	• •			J. J	
2. Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  Ryan Tworek  STREET ADDRESS  CITY STATE ZIP CODE  Mission Viejo CA 92692  AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS  949-278-4822  4. Committee Information  List all committees of which you have knowledge that are primarily formed to receive of				3. Office Sought or Held  OFFICE SOUGHT OR HELD  City Council  JURISDICTION (LOCATION)  (IF APPLICABLE)  OFFICE SOUGHT OR HELD  City Council  JURISDICTION (LOCATION)  (IF APPLICABLE)		
	COMMITTEE NAME AND 1.D. NUMBER			EE ADDRESS	7917	OF TREASURER
5.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I compare the statement of the sta	ertity under penalty of perjury und	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 us enalty of perjury under the laws of the State of California that the foregoing is true and correct.  By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE			