

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

Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____
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Date Stamp	<b>CALIFORNIA FORM 470</b>
RECEIVED BY LOS ANGELES COUNTY 2023 AUG -2 AM 11:40 CAMPAIGN FINANCE DISCLOSURE SECTION	For Official Use Only

1. Statement Covers Calendar Year 20 23 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Judy L. Tejeda

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
La Crescenta CA 91214

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
818 248-8793

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Crescenta Valley Water District - Director

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
La Crescenta, CA 91214

**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 July 25, 2023 DATE