

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

5722

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

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**Amendment** (Explain Below)

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Date Stamp  
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CAMPAIGN FINANCE

**CALIFORNIA  
FORM 470**  
For Official Use Only  
018477

1. Statement Covers Calendar Year 20 22 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
**DENNIS AZEVEDO**

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STREET ADDRESS

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CITY STATE ZIP CODE  
**WHITTIER CA 90604**

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AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
**562-760-0558 DAZEVEDO@ODWD.ORG**

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
**DIRECTOR-ORCHARD DALE WATER DISTRICT**

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JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
**LOS ANGELES COUNTY**

**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

Executed on 07/19/2022  
DATE