

Officeholder and Candidate
Campaign Statement –
Short Form

7/31/23 ①

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 AUG -2 PM 2: 12 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 470 For Official Use Only
---	---

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Cesar Barajas

STREET ADDRESS

CITY _____ STATE _____ ZIP CODE _____

La Puente CA 91744

AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____

626-523-1229

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director

JURISDICTION (LOCATION) <u>La Puente Valley County Water District, LA County</u>	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

Executed on 7 | 24 | 23
DATE