

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

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

11/03/2020

**Amendment** (Explain Below)

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Date Stamp

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CAMPAIGN FINANCE  
DISCLOSURE SECTION

CALIFORNIA FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 23

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

DAVID GONZALES

STREET ADDRESS

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CITY STATE ZIP CODE

PICO RIVERA CA. 90660

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

562-395-2889 davidraulgonzales26@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

BOARD DIRECTOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

PICO WATER DISTRICT, PICO RIVERA

**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 08/08/2023 DATE By \_\_\_\_\_ DATE