

Officeholder and Candidate
Campaign Statement –
Short Form

8

<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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Date Stamp	CALIFORNIA FORM 470
<p>RECEIVED BY LOS ANGELES COUNTY email 8/9/21 2021 AUG 12 AM 11:25 8/10/21 CAMPAIGN FINANCE</p>	For Official Use Only

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Henry P Hernandez

STREET ADDRESS

CITY STATE ZIP CODE
La Puente CA 91744

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-968-2401 hhernandez@lapuentewater.ca

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director - La Puente Valley County Water District

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 the State of California that the foregoing is true and correct.

Executed on 07/20/2021
DATE

By _____