

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

400C

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Date of election if applicable: (Month, Day, Year)  11-03-20	<input type="checkbox"/> Amendment (Explain Below)  
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1. Statement Covers Calendar Year 20 21

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Raymond Rodriguez

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

CITY STATE ZIP CODE  
Pico Rivera CA 90660

AREA CODE DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
714-269-3250 rmrodriguez@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
BOARD MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
PICO WATER DISTRICT

**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
<u>NONE</u>		

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \_\_\_\_\_ in year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the

Executed on September 8, 2021

By \_\_\_\_\_