

5721



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

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

**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp RECEIVED BY LOS ANGELES COUNTY 08/10/2021 2021 AUG 12 AM 11:25 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 470</b> For Official Use Only 014020
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1. Statement Covers Calendar Year 20 21

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
John P Escalera

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

CITY STATE ZIP CODE  
La Puente CA 91744

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626-333-3325 jescalera@lapuentewater.com

**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 \_\_\_\_\_

dc