

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

7/26/22 (9)

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 JUL 28 PM 4:40 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Judy L. Tejeda

STREET ADDRESS

CITY STATE ZIP CODE
La Crescenta CA 91214

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818 248-8793

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Crescenta Valley Water Disttict - Director

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
La Crescenta, CA 91214

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 th _____ rect.

Executed on 19 July 2022 By _____
DATE CANDIDATE