

Officeholder and Candidate
Campaign Statement –
Short Form

8/1 p.m
D

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 AUG -8 PM 1:15 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

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
JOHN P. ESCALERA

STREET ADDRESS

CITY LA PUENTE / STATE CA. ZIP CODE 91744

AREA CODE/DAYTIME PHONE NUMBER (626) 3333325 OPTIONAL: FAX / E-MAIL ADDRESS NA

OFFICE SOUGHT OR HELD
DIRECTOR

JURISDICTION (LOCATION) LA PUENTE VALLEY Co. WATER DIST. DISTRICT NUMBER (IF APPLICABLE)

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 \$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 8-1-2022
DATE

By _____