

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

5723

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

11/03/2020

Amendment (Explain Below)

2023

Date Stamp
7/25/23
RECEIVED BY
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**CALIFORNIA
FORM 470**
For Official Use Only.
014864

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Denis F. DeFigueiredo
STREET ADDRESS

CITY STATE ZIP CODE
Canyon Country CA 91387
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS
6612989077

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member
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 \$
used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of

the calendar year and that I have correct.

Executed on 2023-07-24
DATE

By _____
DATE

Clear Form

Print Form