

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

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

Amendment (Explain Below)

Date Stamp: 7/12/23
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 CAMPAIGN FINANCE
 DISCLOSURE SECTION

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1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Domingo Saucedo

STREET ADDRESS

CITY

San Gabriel

AREA CODE/DAYTIME PHONE NUMBER

STATE

Ca

ZIP CODE

91776

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board Member, San Gabriel County Water District

JURISDICTION (LOCATION)

Rosemead, Ca 91770

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

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive le all reasonable diligence in preparing this statement. I certify under penalty of perjury under the la

r year and that I have used

Executed on 7/11/2023
 DATE
