

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

Date of election if applicable:  
(Month, Day, Year)  
  
11/5/2024

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
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2024 JUN 12 PM 4:19  
CAMPAIGN FINANCE

**CALIFORNIA FORM 470**  
For Official Use Only  
01-2806

1. Statement Covers Calendar Year 20 24 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Anthony D. Angelica  
STREET ADDRESS  
  
CITY STATE ZIP CODE  
La Canada Flintridge CA 91011  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
818-599-8616

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Director La Canada Irrigation District  
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
La Canada Flintridge, CA V

**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
None	N/A	None

**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 6/08/2024  
DATE