

Officeholder and Candidate
Campaign Statement -
Short Form

5724

014020

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

Amendment (Explain Below)

Date Stamp
07/23/24
RECEIVED JUL 22 2024

CALIFORNIA FORM 470
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2024 JUL 25 PM 12:31
CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JOHN P. ESCALERA

STREET ADDRESS

CITY STATE ZIP CODE
LA PUENTE CA 91744

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(626) 333-3325

3. Office Sought or Held

OFFICE SOUGHT OR HELD
DIRECTOR - LA PUENTE VALLEY COUNTY WATER DISTRICT

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LAS 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 \$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 7-16-2024
DATE

By _____