

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

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

11/08/2022

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2024 JUL 22 PM 2: 10  
CAMPAIGN FINANCE

CALIFORNIA  
FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 24 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
David Angelo

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
PICO RIVERA C.A. 90660

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
562-391-8577 david\_angelo@verizon.net

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
BOARD DIRECTOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
PICO WATER DISTRICT, PICO RIVERA

**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 07/17/2024  
DATE