

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

09/10/24 5724

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 JUL 16 PM 3:17 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 021351
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Domingo Saucedo

STREET ADDRESS

CITY STATE ZIP CODE

San Gabriel Ca 91776

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board Member, San Gabriel County Water District

JURISDICTION (LOCATION)

8366 Grand Ave, 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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the la

ar and that I have used

Executed on 7/9/2024
DATE
