

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

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CAMPAIGN FINANCE

CALIFORNIA
FORM **470**
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
N/A.

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
DARRELL H. HEACOCK

STREET ADDRESS
MONTEBELLO
CA 90640

CITY
(323) 721-4965

AREA CODE/DAYTIME PHONE NUMBER

STATE ZIP CODE
CA 90640

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
DIRECTOR, SO MONTEBELLO IRRIGATION

JURISDICTION (LOCATION)
MONTEBELLO, CA

DISTRICT NUMBER (IF APPLICABLE)
DIV 1 DISTRI

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
<u>NONE</u>		

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 July 29, 2024 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE