

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

Date Stamp	<b>RECEIVED BY</b> <b>LOS ANGELES COUNTY</b> <b>7/18/24</b> <b>2024 JUL 22 PM 2:13</b> <b>CAMPAIGN FINANCE</b>	<b>CALIFORNIA</b> <b>FORM</b>	<b>470</b>
		For Official Use Only	

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below)

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Lenet Pacheco

---

STREET ADDRESS  
BPK., CA., 91706

---

CITY STATE ZIP CODE  
(626) 626-3602

---

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

OFFICE SOUGHT OR HELD  
Valley County Water Dist., Board of Directors

---

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Los Angeles County N/A

**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>X1/A</u>	<u>_____</u>	<u>_____</u>
<u>X1/A</u>	<u>_____</u>	<u>_____</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 \_\_\_\_\_ that the information provided is true and correct.

Executed on 7-17-24  
DATE

B

OFFICEHOLDER OR CANDIDATE