

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

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY ② L.W. 2022 AUG 10 PM 1:26	For Official Use Only
CAMPAIGN FINANCE	

Date of election if applicable: (Month, Day, Year) <u>November 8, 2022</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Domingo Saucedo

STREET ADDRESS
1

CITY STATE ZIP CODE
SAN GABRIEL CA. 91776

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(213) 926-0690

3. Office Sought or Held

OFFICE SOUGHT OR HELD SAN GABRIEL COUNTY WATER DISTRICT

BOARD MEMBER, Director

JURISDICTION (LOCATION) 8306 GRAND AVE DISTRICT NUMBER (IF APPLICABLE)
SAN GABRIEL CALIFORNIA 91770

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

endar year and that I have used

Executed on 8-10-2022
DATE
