

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

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

11/08/2022

Amendment (Explain Below)

Date Stamp
③ 8/2/22
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CALIFORNIA FORM 470
For Official Use Only

CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Karen I Baroldi
STREET ADDRESS

CITY STATE ZIP CODE
La Habra Heights CA 90631
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-396-8318

OFFICE SOUGHT OR HELD
Board of Directors La Habra Heights County Water District
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County

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

Executed on 07/31/2022 DATE

By _____