	Ca	ficeholder and Candidate Impaign Statement –					Date Stamp ALDE CALIFORNIA 470	
\	Sn	ort Form		Date of election if applicable: (Month, Day, Year)		idment (Explain Below)	2022 JUL 2	2 PM 4: 1
,							CAMPAIGN FINANCE	
	1.	Statement Covers Calendar Year 20 $\frac{22}{2}$.						
	2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Cesar J. Barajas STREET ADDRESS			3.	Office Sought or Held		
				-		OFFICE SOUGHT OR HELD	G	
						Director - La Puente Valley (JURISDICTION (LOCATION) Los Angeles County	County Water District	DISTRICT NUMBER (IF APPLICABLE)
		CITY	STATE	ZIP CODE				
		La Puente AREA CODE/DAYTIME PHONE NUMBER	CA OPTIONAL:	CA 91744 OPTIONAL: FAX / E-MAIL ADDRESS				
				ajas@lapuentewater.com				
	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	
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	5.	Verification	ar i k <u>i si angan pand</u>	ation and and advantage of the	<u> </u>	Same of the second seco		
	I declare under penalty of perjury that to the best of my knowledge I an all reasonable diligence in preparing this statement. I certify under pen			nticipate that I will receive nalty of perjury under the I			calendar year and that I have used	

Executed on _

DATE

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov