

Officeholder and Candidate  
Campaign Statement –  
Short Form

7/29/21 (1)

Date of election if applicable:  
(Month, Day, Year)  
  
11/3/2020

Amendment (Explain Below)

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CAMPAIGN FINANCE

Date Stamp

**CALIFORNIA FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE  
Denis F. DeFigueiredo

STREET ADDRESS

CITY STATE ZIP CODE  
Canyon Country CA 91387

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
661-298-9077

OFFICE SOUGHT OR HELD  
Governing Board Member

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 \$ \_\_\_\_\_ have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the \_\_\_\_\_

Executed on 7/29/2021 DATE

By \_\_\_\_\_