

Officeholder and Candidate
Campaign Statement –
Short Form

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

CALIFORNIA FORM 470

For Official Use Only

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LOS ANGELES COUNTY

2021 AUG 12 AM 11:25

CAMPAIGN FINANCE

Email 8/19/21

0/8/194

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
William R Rojas

STREET ADDRESS

CITY STATE ZIP CODE
La Puente CA 91744

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-393-4998 wrojas@lapuentewater.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director - La Puente Valley County Water District

JURISDICTION (LOCATION) <u>Los Angeles County</u>	DISTRICT NUMBER (IF APPLICABLE)
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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 State of California that the foregoing is true and correct.

Executed on 07/20/2021 DATE

By _____