

Officeholder and Candidate  
Campaign Statement –  
Short Form

NO POSTMARK

8721

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

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Amendment (Explain Below)

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CAMPAIGN FINANCE

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CALIFORNIA FORM 470

For Official Use Only

020457

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Jazmin Lopez

STREET ADDRESS  
Irwindale

CITY STATE ZIP CODE  
Irwindale CA 91706

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626/422-2946

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Valley County Water District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Baldwin Park

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of Califo

ar and that I have used

Executed on 8/9/2021  
DATE

By \_\_\_\_\_

SS