

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year)  <u>NA</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 7/21/23 ① JUL 25 PM 3:26 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
JOHN P ESCALERA

STREET ADDRESS  
\_\_\_\_\_

CITY  
LA PUENTE

STATE  
CA

ZIP CODE  
91744

AREA CODE/DAYTIME PHONE NUMBER  
(626) 330-2126

OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
DIRECTOR - LA PUENTE VALLEY COUNTY WATER DISTRICT

JURISDICTION (LOCATION)  
LA PUENTE / LA COUNTY

DISTRICT NUMBER (IF APPLICABLE)  
\_\_\_\_\_

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
<u>NONE</u>		

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 7/14/23  
DATE

By \_\_\_\_\_