

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

(4) DC

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

1. Statement Covers Calendar Year 20 23.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
DARRELL H. HEACOCK

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

CITY  
(323) 721-4965

AREA CODE/DAYTIME PHONE NUMBER

STATE CA ZIP CODE 90640

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held** SOUTH MONTEBELLO IRRIGATION DISTRICT

OFFICE SOUGHT OR HELD  
DIRECTOR, DIVISION 1

JURISDICTION (LOCATION)  
SOUTH MONTEBELLO, CA

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
NONE		

**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 July 26, 2023 DATE

By \_\_\_\_\_ SIGNATURE OF OFFICEHOLDER OR CANDIDATE