

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

Date Stamp 8/13/21	RECEIVED	CALIFORNIA FORM 470
LOS ANGELES COUNTY		<small>For Official Use Only</small>
2021 AUG 16 PM 2:25		
CAMPAIGN FINANCE		

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

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
Edward C. Ortell		
STREET ADDRESS		
CITY	STATE	ZIP CODE
626-303-5051	CA	91010
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
Trustee - Area #3	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
Duarte	Trustee Area #3

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 July 22, 2021
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE