

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

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

NOVEMBER 8, 2022

Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
DENISE DOLOR
STREET ADDRESS

CITY STATE ZIP CODE
WHITTIER CA 90605
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-328-4986 DDOLOR@ODWD.ORG

3. Office Sought or Held

OFFICE SOUGHT OR HELD
DIRECTOR-ORCHARD DALE WATER DISTRICT
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LOS ANGELES COUNTY

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

calendar year and that I have used act.

Executed on 07/19/2022
DATE

DATE