

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

7/19/21 (3)

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

NOV 3, 2020

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
DAVID DE JESUS

STREET ADDRESS

CITY STATE ZIP CODE
CLAREMONT CA 91711

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
909-625-5479 DDEJESUS@TVMWD.COM

3. Office Sought or Held

OFFICE SOUGHT OR HELD
DIRECTOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
THREE VALLEYS MUNICIPAL WATER DISTRICT DIV 2

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	N/A	N/A
NONE	N/A	N/A

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 in contributions 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 information provided in this statement is true and correct.

calendar year and that I have used all reasonable diligence in preparing this statement.

Executed on JULY 19, 2021
DATE

By _____
DATE