

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

7/21/22 (1)

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

Amendment (Explain Below)

Date Stamp
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LOS ANGELES COUNTY
2022 JUL 27 PM 2:25
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

DAVID DE EJSUS

STREET ADDRESS

CITY

CLAREMONT

AREA CODE/DAYTIME PHONE NUMBER

909-625-5479

STATE

CA

ZIP CODE

91711

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

DIRECTOR

JURISDICTION (LOCATION)

THREE VALLEYS MUNICIPAL WATER DISTRICT

DISTRICT NUMBER
(IF APPLICABLE)

DIVISION 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 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 S

Executed on JULY 20, 2022
DATE

By _____