

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

Gi

0212

Date of election if applicable:
(Month, Day, Year)
11-8-2022

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE**

CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sheree Butts

La Canada, CA 91011
CITY STATE ZIP CODE
818 489-6384
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
La Canada Irrigation District
DIVISION 4
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
La Canada

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 7-20-2022
DATE

By *iw*
SIGNATURE OF OFFICEHOLDER OR CANDIDATE