

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

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

Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA FORM 470

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020095

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Darrell H. Heacock

STREET ADDRESS
Montebello CA 90640

CITY STATE ZIP CODE
Montebello CA 90640

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
323-722-5600 323-722-3207

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director, So Montebello Irrigation Dist, Div 1

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
So. Montebello, CA

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 August 10, 2022
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE