

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

7/28/21 (B)

<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p><input type="checkbox"/> <b>Amendment</b> (Explain Below)</p> <p>_____</p> <p>_____</p>
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<p>Date Stamp</p> <p><b>RECEIVED BY</b></p> <p><b>LOS ANGELES COUNTY</b></p> <p><b>2021 JUL 30 PM 3:32</b></p> <p><b>CAMPAIGN FINANCE</b></p>	<p><b>CALIFORNIA FORM 470</b></p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 21 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
DENISE ELAINE 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

<p>JURISDICTION (LOCATION) <u>LOS ANGELES COUNTY</u></p>	<p>DISTRICT NUMBER (IF APPLICABLE)</p>
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**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 th

Executed on 7/21/2021  
DATE