

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

7/31/21 (1)
5721

<p>Date of election if applicable: (Month, Day, Year)</p> <p>11-03-20</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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<p>Date Stamp RECEIVED BY LOS ANGELES COUNTY 2021 AUG -2 PM 4:19 CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470 For Official Use Only 018465</p>
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1. Statement Covers Calendar Year 20 ²¹ _____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
DAVID GONZALES

STREET ADDRESS

CITY STATE ZIP CODE
PICO RIVERA CA 90660

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-395-2897 davidraulgonzales26@gmail.c

3. Office Sought or Held

OFFICE SOUGHT OR HELD
BOARD MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
PICO WATER DISTRICT

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 July 28, 2021
DATE

By _____

dc