

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

7/28/21 (1)

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	RECEIVED BY LOS ANGELES COUNTY 2021 AUG -3 PM 12: 26 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Sabino Cici

STREET ADDRESS

CITY STATE ZIP CODE
 San Gabriel Ca 91776

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 Board Member, San Gabriel County Water District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 8366 Grand Ave, Rosemead, Ca 91770

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 per 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 information provided in this statement is true and correct.

per year and that I have used

Executed on 7/13/2021
 DATE

By _____