

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

Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> Amendment (Explain Below)  _____ _____
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Date Stamp RECEIVED JUL 25 2024 2024 JUL 25 PM 12:31 RECEIVED BY ANGELES COUNTY CAMPAIGN FINANCE	CALIFORNIA FORM <b>470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information Cesar Barajas

3. Office Sought or Held

STREET ADDRESS		CITY		STATE	ZIP CODE
<u>La Puente</u>		<u>La Puente</u>		<u>CA.</u>	<u>91744</u>
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS			
<u>626-523-1229</u>		<u>Cesar 529 b@gmail.com</u>			

OFFICE SOUGHT OR HELD	DISTRICT NUMBER (IF APPLICABLE)
<u>Director of La Puente Valley County Water District</u>	
JURISDICTION (LOCATION)	
<u>La Puente</u>	

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
<u>N/A</u>		

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 7/03/2024  
DATE

\_\_\_\_\_  
OFFICEHOLDER OR CANDIDATE