

Officeholder and Candidate
Campaign Statement –
Short Form

DOC

Date of election if applicable: (Month, Day, Year) <u>11-2024</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 JUL 26 PM 12:22 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
DENNIS AZEVEDO

STREET ADDRESS
WHITTIER

CITY STATE ZIP CODE
CA 90604

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-760-0558 N/A

3. Office Sought or Held

OFFICE SOUGHT OR HELD
DIRECTOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
ORCHARD DALE WATER N/A

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>	<u>N/A</u>	<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 7-26-24 DATE

SIGNATURE OF OFFICE CANDIDATE