

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

5724

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
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2024 JUL 15 PM 1:38
CAMPAIGN FINANCE

CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
DAVID DE JESUS

STREET ADDRESS

CITY STATE ZIP CODE
CLAREMONT CA 91711

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
213 422-3187 DDEJESUS@TVMWD.COM

3. Office Sought or Held

OFFICE SOUGHT OR HELD
DIRECTOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
THREE VALLEYS MUNICIPAL WATER DISTRICT DIVISION 2

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
NONE	N/A	N/A
NONE	N/A	N/A

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 t rect.

Executed on JULY 15, 2024 DATE

By: _____ CANDIDATE