Campaigr	der and Candidate n Statement –					7	97/16/24 Date Stamp	CALIFORNIA 470 FORM For Official Use Only	
hort Form			Date of election if applicable: (Month, Day, Year)		dment (Explain Below) _ US	RECEIVE ANGELE	D BY S COUNTY		
		, ,	·				PM 3: 07	019898	
. Staten	nent Covers Calendar Year 20 $\frac{24}{}$					MOVICH	FINANUE		
2. Office	holder or Candidate Information			3.	Office Sought or He	ld			
NAME OF	OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD		,		
THERE	ESA LEE								
STREET A	DDRESS			-	JURISDICTION (LOCATION)	:		DISTRICT NUMBER (IF APPLICABLE)	
CITY	· · · · · · · · · · · · · · · · · · ·	STATE	ZIP CODE			,			
DIAM	OND BAR	CA	91765					•	
	DE/DAYTIME PHONE NUMBER 63-5066 / director.lee@walnutvalleywat	•	: FAX / E-MAIL ADDRESS	•	٠.				
I. Comm	ommittee Information								
List all	List all committees of which you have knowledge that are primarily form COMMITTEE NAME AND I.D. NUMBER			rmed to receive contributions or to make expenditures COMMITTEE ADDRESS			s on behalf of your candidacy. NAME OF TREASURER		
		.1		OSMANITE	- Nobleco			or ma works.	
			·.				• ,		
			·			· .			
5. Verific	eation				:	,	· - · ·		
l declare	e under penalty of perjury that to the best on onable diligence in preparing this statemen	of my knowledge to a certify under	Lanticipate that I will penalty of perjury un	receive less the	nan \$2,000 and that I will so f the State of California tha	pend less than t the foregoing	\$2,000 during the or is true and correct.	alendar year and that I have us	
Executed	07/15/2024	<u>.</u> .			E				
	DATE			1		. !	FFICEHOLDER OR CANDID	NE	
	•					j ·	FPPC Form	1 470/470 Supplement (Jan/20	

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov