

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

B

Date of election if applicable:
(Month, Day, Year)
11/05/24

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Daniel M. Masseri

CITY
661 9496649

AREA CODE/DAYTIME PHONE NUMBER

STATE
Ca.

ZIP CODE
93551

OPTIONAL: FAX / E-MAIL ADDRESS
661 949 9431 FAX

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member

JURISDICTION (LOCATION)
QHWD

DISTRICT NUMBER
(IF APPLICABLE)

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 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 11/05/24 DATE

By 08/05/24 HOLDER OR CANDIDATE