

Officeholder and Candidate  
Campaign Statement -  
Short Form

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

11/06/2018

☐ Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA  
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20

2021

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

DAVID "CD" BARLAVI

STREET ADDRESS

CITY

VALENCIA

STATE

CA

ZIP CODE

91355

AREA CODE/DAYTIME PHONE NUMBER

(818) 571-0789

OPTIONAL: FAX / E-MAIL ADDRESS

FAX: (818) 332-4158

3. Office Sought or Held

OFFICE SOUGHT OR HELD

SAUGUS UNION SCHOOL BOARD AREA 1

JURISDICTION (LOCATION)

LOS ANGELES

DISTRICT NUMBER  
(IF APPLICABLE)

ONE

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 LD. 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

07/29/2020

DATE

08/24/2021

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Clear Form

Print Form