

Officeholder and Candidate
Campaign Statement –
Short Form

7/29/21 (1)

Date of election if applicable: (Month, Day, Year) 11/3/2020	<input type="checkbox"/> Amendment (Explain Below) 	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2021 AUG -2 PM 4:22 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Denis F. DeFigueiredo

STREET ADDRESS

CITY

Canyon Country

AREA CODE/DAYTIME PHONE NUMBER

661-298-9077

STATE

CA

ZIP CODE

91387

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION)

Los Angeles County

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 \$
all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the

have

Executed on 7/29/2021

DATE

By _____