

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

DL

0218

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

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM **470**
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021555

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
DAVID ANGELD

STREET ADDRESS

CITY STATE ZIP CODE
PICO RIVERA CA 90660

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-391-8511

3. Office Sought or Held

OFFICE SOUGHT OR HELD
BOARD OF DIRECTORS PICO RIVERA DISTRICT

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
PICO RIVERA / LA COUNTY

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

Executed on 8-17-2022 DATE

By _____