

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

7/29/2022
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CAMPAIGN FINANCE

CALIFORNIA FORM **470**
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11/03/2020

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Denis F. DeFigueiredo

STREET ADDRESS

CITY STATE ZIP CODE
Canyon Country CA 91387

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
661-298-9077

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles 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 ID. 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 in contributions 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 information provided in this statement is true and correct.

Executed on 7/21/2022 DATE By _____