

Officeholder and Candidate  
Campaign Statement –  
Short Form

7/27/23 (1)

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

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Amendment (Explain Below)

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DISCLOSURE SECTION

CALIFORNIA  
FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
RICHARD (ANDY) COPADESCHI

AREA CODE/DAYTIME PHONE NUMBER  
823 363 5263

ZIP CODE  
91301

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
DIRECTOR

JURISDICTION (LOCATION)  
LAS VIRGENES MWD

DISTRICT NUMBER (IF APPLICABLE)  
2

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
<u>N/A</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$ \_\_\_\_\_ 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 7/24/23  
DATE

By \_\_\_\_\_