

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

5723

Date Stamp <b>RECEIVED BY LOS ANGELES COUNTY (455) 2023 JUL 26 AM 8:22 CAMPAIGN FINANCE DISCLOSURE SECTION</b>	<b>CALIFORNIA FORM 470</b> <small>For Official Use Only</small> <b>020294</b>
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<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p><input type="checkbox"/> <b>Amendment</b> (Explain Below)</p> <p>_____</p> <p>_____</p>
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1. Statement Covers Calendar Year 20 23 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE		
DENISE ELAINE DOLOR		
STREET ADDRESS		
CITY	STATE	ZIP CODE
WHITTIER	CA	90605
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	
562-328-4986	DDOLOR@ODWD.ORG	

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD	
DIRECTOR-ORCHARD DALE WATER DISTRICT	
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 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 recce all reasonable diligence in preparing this statement. I certify under penalty of perjury under

dar year and that I have used

Executed on 7/20/2023 \_\_\_\_\_  
DATE