

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

Date of election if applicable:
(Month, Day, Year)
11-08-2022

Amendment (Explain Below)

Date Stamp OTM
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CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information
NAME OF OFFICEHOLDER OR CANDIDATE
KEVIN FRANCIS NOONAN
STREET ADDRESS
CITY Whittier STATE CA ZIP CODE 90604
AREA CODE/DAYTIME PHONE NUMBER 949-642-6873
OPTIONAL: FAX / E-MAIL ADDRESS KEVINNOONAN@hotmail.com

3. Office Sought or Held
OFFICE SOUGHT OR HELD Board of Directors / Orchard Dale Water Dist
JURISDICTION (LOCATION) Whittier / L.A. 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 \$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 that the foregoing is true and correct.

Executed on 10-1-2022 DATE By _____