

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

5724

Date of election if applicable:
(Month, Day, Year)
1/15/24

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE**
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

Danielle Soto
STREET ADDRESS

Three Valleys Municipal Water District
JURISDICTION (LOCATION)

CITY STATE ZIP CODE
Pomona CA 91766

DISTRICT NUMBER (IF APPLICABLE)

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
Pomona 909-233-2587 danielle@mail.com

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 information provided is true and correct.

Executed on 1/31/24
DATE

By _____
TITLE