

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

Date Stamp	CALIFORNIA FORM 470 For Official Use Only
RECEIVED BY LOS ANGELES COUNTY 2023 AUG -2 AM 11:40 CAMPAIGN FINANCE DISCLOSURE SECTION	

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE			
Sharon S. Raghavachary			
STREET ADDRESS			
CITY	STATE	ZIP CODE	
La Crescenta	CA	91214	
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS		
818 541-9071			

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
Crescenta Valley Water District - Director	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
La Crescenta, CA 91214	

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 7/25/23
DATE