

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

7/21/22 (1)

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

N/A: Appointed Post

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470

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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jeff Ford

STREET ADDRESS

CITY STATE ZIP CODE

Newhall CA 91321

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

661-523-8459

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board of Directors, Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

Santa Clarita Valley Water Agency

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
N/A		

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 in contributions 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.

calendar year and that I have used all reasonable diligence in preparing this statement.

Executed on 7/21/22
DATE

By _____
DATE