

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

*u*  
Date Stamp

**CALIFORNIA FORM 470**  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
11/5/24

**Amendment** (Explain Below)

RECEIVED BY  
LOS ANGELES COUNTY  
2024 AUG -5 PM 2:43  
CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

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

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Member, Board of Directors  
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Crescenta Valley Water District

**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 8/5/24 DATE