

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

5724

Date of election if applicable:
(Month, Day, Year)
NOV. 5. 2024

Amendment (Explain Below)

Date Stamp
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Ralph Galvan

STREET ADDRESS

CITY Baldwin Park STATE CA ZIP CODE 91706

AREA CODE/DAYTIME PHONE NUMBER 626-869-7702 OPTIONAL: FAX / E-MAIL ADDRESS Ralph@ralphgalvan.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Valley County Water District

JURISDICTION (LOCATION) County of Los Angeles 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 07/31/2024 DATE By _____ OR CANDIDATE