

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

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6E24

Date of election if applicable:  
(Month, Day, Year)  
  
11/05/2024

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
10/4/24  
2024 OCT -7 PM 2:10  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only  
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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

Vincent Santana

La Puente Valley County Water District Board of Director

STREET ADDRESS

JURISDICTION (LOCATION)

DISTRICT NUMBER  
(IF APPLICABLE)

Los Angeles County

CITY STATE ZIP CODE

La Puente CA 91744

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

6262019822

**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	n/a	n/a
n/a	n/a	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 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 California that the information provided is true and correct.

Executed on 10/3/2024  
DATE

\_\_\_\_\_  
OFFICEHOLDER OR CANDIDATE