

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

7/27/21 ③

| | |
|--|---|
| Date of election if applicable: (Month, Day, Year) _____ | <input type="checkbox"/> Amendment (Explain Below) _____ _____ |
|--|---|

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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Kerry D. Erickson

STREET ADDRESS

CITY STATE ZIP CODE
La Crescenta CA 91214

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818 249-9577

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Crescenta Valley Water District - Director

| | |
|--|------------------------------------|
| JURISDICTION (LOCATION) <u>La Crescenta, CA 91214</u> | 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 7-21-21 _____
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE