Officeholder and Candidate Campaign Statement – Short Form



Campaign Statement –						DECEIVED B CALIFORNIA 4/0	
Sr	nort Form	Date of election if applicable: (Month, Day, Year) N/A: Appointed Post		Amendment (Explain Below)		RECEIVED B FORM LOS ANGELES COUNT For Official Use Only 2021 JUL 23 PM 3: 38	
_						CAMPAIGN FINANCE	
1.	Statement Covers Calendar Year 20	21					
2.	Officeholder or Candidate Information			3.			
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD		
	Jeff Ford				Board of Directors, Member		
	STREET ADDRESS				JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)	
	CITY	STATE ZIP CODE			Santa Clarita Valley W	ater Agency	_
	Newhall		91321				
	AREA CODE/DAYTIME PHONE NUMBER	CA OPTIONAL:	FAX / E-MAIL ADDRESS				
	661-523-8459	3.110.112					
4.							
	List all committees of which you have knowledge that are primarily formed to receive committee NAME AND I.D. NUMBER				A STATE OF THE STA		
	COMMITTEE NAME AND I.U. NUMBER			COMMITTE	E ADURESS	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 rece all reasonable diligence in preparing this statement. I certify under penalty of perjury under					2,000 during the calendar year and that I have us true and correct.	sec
	7/21/21				D.:		
	Executed onDATE				Ву	FICEHOLDER OR CANDIDATE	_