Campaign Statement – Short Form							RECEIVED BY	FORM 470	
	iore i orine	Date of el (Mo	ection if applicable: nth, Day, Year)  11 8 2022	Lev	ndment (Explain Below)	ezz	ANGELES COUNTY 10128 PM 4: 40 PAIGN FINANCE	O 157	
1.	Statement Covers Calendar Year 20 22								
2.	Officeholder or Candidate Information			3.	Office Sought	or Held		,	
	NAME OF OFFICEHOLDER OR CANDIDATE  BJ Atkins  STREET ADDRESS				Santa Clar JURISDICTION (LOCATIO	yta V	alley Woter Age	DISTRICT NUMBER	7
								(IFAFFLICABLE)	<u>3</u>
	CITY	STATE	ZIP CODE	·					
	Santa Clarita	CA	91322-2320						
	AREA CODE/DAYTIME PHONE NUMBER  661-510-3663	OPTIONAL:	FAX / E-MAIL ADDRESS						
4.	Committee Information List all committees of which you have knowledge COMMITTEE NAME AND I.D. NUMBER	that are prim	arily formed to rece		itions or to make e	xpenditure		acy. E of treasurer	
	No Funds & No Committee; left office 07-20-202	2							,
	File Form 700-Leaving	7/25/2022							
5.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. 1 of 107-25-2022								I have used

Officeholder and Candidate

Executed on \_\_\_

SIGNATURE OF OFFICEHOLDER OR CANDIDATE