Officeholder and Candidate Campaign Statement –	Type or print in ink.		7/28/22 SHORT FORM Pate Stamp RECEIVED B FORM CALIFORNIA 470
Short Form Government Code Section 84206)	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	2022 AUG -2 PM 12: 15 CAMPAIGN FINANCE CAMPAIGN FINANCE
. Statement Covers Calendar Year	20		
. Officeholder or Candidate Information		Office Sought or I	feld
NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	
Beth Braunstein			ater Agency Board of Directors
STREET ADDRESS		JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
CITY	STATE ZIP CODE	SCV	
Canyon Country			
AREA CODE/DAYTIME PHONE NUMBER	CA 91387 OPTIONAL: FAX / E-MAIL ADDRE	ESS	
. Committee Information List all committees of which you have know	ledge that are primarily formed	I to receive contributions or to make	e expenditures on behalf of your candidacy.
COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	NAME OF TREASURER
. Verification			
I declare under penalty of perjury that to the calendar year and that I have used all reason that the foregoing is true and correct.			000 and that I will spend less than \$1,000 during the laws of the State of California
Executed on JUly 25, 202	2	Ву	
DATE DATE		Бу	RCANDIDATE