Officeholder and Candidate Campaign Statement – Short Form				RECEIVED BY FORM 470
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	1.05 ANGELES COUNTY For Official Use Only For Official Use Only O 1 55 3 6
_		11/8/2026		CAMPAIGN FINANCE
1.	Statement Covers Calendar Year 20 23	. .		₽130L030
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE PICHAY W. Atwater, J. STREET ADDRESS	r.	3. Office Sought or Held OFFICE SOUGHT OR HELD FROM IN (LOCATION)	unicipal water Dist. Division 4
	La Canada Flt. AREA CODE/DAYTIME PHONE NUMBER 818 957-1440	STATE ZIP CODE A 91011 OPTIONAL: FAX/E-MAIL ADDRESS AWATEN, V	La Canada ichard@gman'l, a	
4.	Committee Information List all committees of which you have knowledge the COMMITTEE NAME AND LD. NUMBER	nat are primarily formed to rece	ive contributions or to make expendite	ures on behalf of your candidacy. NAME OF TREASURER
	None			
5.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I continue the statement of the st	knowledge I anticipate that I will re ertify under penalty of perjury und	eceive less than \$2.000 and that I will spe er the laws of th	end less than \$2,000 during the calendar year and that I have use
	Executed onDATE		Ву.	ATE