Ca	ficeholder and Candidate Impaign Statement – Iort Form	Date of ele (Mon	ction if applicable: th, Day, Year)	Amendment (Explain Below)	1 1	Date Stamp  IVED BY LES COUNTY  I PM 2: 16  V FINANCE	CALIFORNIA 470 FOR Official Use Only
1.	Statement Covers Calendar Year 20 23				- BISAFOSH	RE SECTION	· · · · · · · · · · · · · · · · · · ·
2.	Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  Edward A. Colley  STREET ADDRESS  Canyon Country  AREA CODE/DAYTIME PHONE NUMBER  (661) 378-4748	STATE  CA  OPTIONAL: 1	ZIP CODE 91387 FAX/E-MAIL ADDRESS	3. Office Sought of OFFICE SOUGHT OF HELD  Directory S  JURISDICTION (LODATION  Los Ange	anta Cla	ritz Volley L	Jater Agency District NUMBER (IFAPPLICABLE) 2
4.							
	COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS			NAME OF TREASURER		
5.	I declare under penalty of perjury that to the best of my lail reasonable diligence in preparing this statement. I continue the statement of t	knowledge I a	nticipate that I will re nalty of perjury unde	eceive less than \$2,000 and that I ver the	will spend less tha	n \$2,000 during the cal	endar year and that I have used
	Executed on July 17, 2023						