Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED BY ANGELES COUNT)	CALIFORNIA 470 FORM 470	
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1.	Statement Covers Calendar Year 20 22	••				
<u>2)</u>	Officeholder or Candidate Information	and the second second second	3. Office Sought		and the second of the second o	
	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ANTELOPE VALLEY EAST KERN WATER AGENCY BOARD OF DIRECTORS - DIVISION 3					
			JURISDICTION (LOCATION)	INGRUES	DISTRICT NUMBER (IF APPLICABLE)	
	PALMDALE	STATE ZIP CODE 93551				
	AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS MIKE.FORAVEKWATER @ GHAIL. COM					
4.	Committee Information List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.					
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	NAM	NAME OF TREASURER	
			• • • • • • • • • • • • • • • • • • • •			
5.	Verification					
	I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of (calendar year and that I have used	
	Executed on DATE	≥	Ву	:	NATE 1	