

**Officeholder and Candidate
Campaign Statement –
Short Form**

7/23/21 WBS

Date of election if applicable:
(Month, Day, Year)

11/03/2020

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM **470**
For Official Use Only

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Piotr Orzechowski

STREET ADDRESS

CITY STATE ZIP CODE
Santa Clarita CA 91350

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
707-631-9354 info@piotr4waterboard.com

OFFICE SOUGHT OR HELD
Santa Clarita Valley Water Agency Board of Directors, Member, Division 2

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles, King, Kern, and Ventura County

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	NAME OF TREASURER
n/a	n/a	n/a

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 that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/22/2021
DATE

By _____