

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

Date of election if applicable:
(Month, Day, Year)
Nov 8, 2022

Amendment (Explain Below)

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CALIFORNIA FORM **470**

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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Kathryn R. Colley
STREET ADDRESS

CITY

Canyon Country

AREA CODE/DAYTIME PHONE NUMBER

(661) 378-4743

STATE

CA

ZIP CODE

91387

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Director, Santa Clarita Valley Water Agency

JURISDICTION (LOCATION)

LA County

DISTRICT NUMBER
(IF APPLICABLE)

2

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

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

Aug 8, 2022

DATE

By

R CANDIDATE