

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

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

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

NAME OF OFFICEHOLDER OR CANDIDATE
Gary R. Martin

STREET ADDRESS

CITY STATE ZIP CODE
Valencia CA 91355

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
661-255-6472

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Santa Clarita Valley Water Agency Board of Directors, Division 1

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Multi-County - Los Angeles, Ventura

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 per 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

Executed on July 20, 2021 DATE By _____