Officeholder and Candidate Campaign Statement – Short Form		LO				RECEIVED BY	CALIFORNIA 470	
		Date of election if applicable: (Month, Day, Year)		☐ Amer	dment (Explain Below)	- 1	RECEIVED BY SANGELES COUNT PM 2: 46 IMPAIGN FINANCE	For Official Use Only 014603
1.	Statement Covers Calendar Year 20 21							
2.	Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  Scarlett Kwong  STREET ADDRESS			3.	Office Sought or OFFICE SOUGHT OR HELD President, Board of JURISDICTION (LOCATION)	of Direct	ors <b>, Walnu</b> t Valley Water D	District   DISTRICT NUMBER
	CITY  Walnut  AREA CODE/DAYTIME PHONE NUMBER  909-595-1268	STATE  CA  OPTIONAL:	ZIP CODE 91789 FAX / E-MAIL ADDRESS		Walnut Valley Wa		trict	(IFAPPLICABLE) V (5)
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			COMMITTE	EE ADDRESS		NAME	OF TREASURER
	None							
5.	Verification							
	I declare under penalty of perjury that to the best of mall reasonable diligence in preparing this statement.	ny knowledge I I certify under p	anticipate that I will enalty of perjury un	receive less the der the laws o	nan \$2,000 and that the f the State of	محمحه النب	I lasa than 69 000 decima tha ac	alandar rear and that I have used
	Executed on Date				Ву			