

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

5723

Date of election if applicable: (Month, Day, Year) N/A	<input type="checkbox"/> Amendment (Explain Below) _____	RECEIVED BY LOS ANGELES COUNTY 4 PM 2024 JAN 31 PM 3:09 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 018900

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Danielle Soto

STREET ADDRESS

CITY
(909) 621-5568

AREA CODE/DAYTIME PHONE NUMBER

STATE
CA

ZIP CODE
91766

OPTIONAL FAX / E-MAIL ADDRESS
danielle@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Three Valleys Municipal Water District

JURISDICTION (LOCATION)

DISTRICT NUMBER
(IF APPLICABLE)

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 information provided is true and correct.

Executed on 1/30/24
DATE

By _____
OFFICEHOLDER OR CANDIDATE