

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

6E24

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

11/5/2024

Amendment (Explain Below)

Date Stamp  
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CAMPAIGN FINANCE

**CALIFORNIA FORM 470**  
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1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Spencer L SooHoo

STREET ADDRESS

CITY

La Canada

STATE

CA

ZIP CODE

91011

AREA CODE/DAYTIME PHONE NUMBER

310-678-3640

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

La Canada Irrigation District, Director, Division II

JURISDICTION (LOCATION)

La Canada Irrigation District

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
NONE		

**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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State

of California for the calendar year and that I have used the information provided is correct.

Executed on 7/6/2024  
DATE

By \_\_\_\_\_  
CANDIDATE