

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

5/20/24 (1)

ST24

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

014638

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Edward A. Colley

STREET ADDRESS

CITY STATE ZIP CODE
Canyon Country CA 91387

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
6613784748 edwardacolley@gmail.com

OFFICE SOUGHT OR HELD
Director

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Santa Clarita Valley Water Agency Two

off 64117

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 in contributions from any individual or entity 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 in this statement is true and correct.

Executed on 18 May 2024 DATE

By _____