

Officeholder and Candidate
Campaign Statement –
Short Form

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

Nov 5, 2024

☐ Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Paula Olivares

STREET ADDRESS

CITY

Valencia

STATE

CA

ZIP CODE

91355

AREA CODE/DAYTIME PHONE NUMBER

661-755-8543

OPTIONAL: FAX / E-MAIL ADDRESS

paula@pacbell.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Santa Clarita Valley Water Agency

JURISDICTION (LOCATION)

Santa Clarita

DISTRICT NUMBER
(IF APPLICABLE)

1

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
Olivares for Santa Clarita Valley Water Agency Division 1 ID# 1473928	Valencia CA 91355	Paula Olivares

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 Cali

Executed on

Sept 20, 2024

DATE

By