Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year) Amendment (Explain Below)			CALIFORNIA 470 FORM For Official Use Only
_		11/8/2022		M 2:21 INANGE	021475
1.	Statement Covers Calendar Year 20 22				
2.	Officeholder or Candidate Information		3. Office Sought or Held		
C	Melissa Canth		Santa Clarit	ta Valley Wa	ter Agency
	STREET ANDRESS		Jurisdiction (Location) Los Angele	5 County	(IF APPLICABLE)
	Valencia CH AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE 91355 OPTIONAL: FAX/E-MAIL ADDRESS)	
	(661) 310-4149	can2family 5 =	agnail. com		
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		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 use all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. S / S / 2022				