Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED BY ON ANGELES COUNT	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 67 01 22 through 12 31 22	Date of election if applicable: (Month, Day, Year)	2023 JAN 31 AM IO: 2 CAMPAIGN FINANCE	Page of For Official Use Only
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee Officeholder, Candidate Election Committee O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain t	nt Spec t fermination)	terly Statement ial Odd-Year Report
3. Committee Information	NUMBER 2683	Treasurer(s)		
Committee NAME OR CANDIDATE'S NAME & NO COMMITTEE) Committee Velly County Water District	- Divector 2020	MAILING ADDRESS	Vave as	
STREET ADDRESS (NO P.O. BOX)		CITY Baldwin	Parle CA ZIP CC	AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASU		11/00
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	K	MAILING ADDRESS		
MALING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO.				
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CC	DE AREA CODE/PHONE

Executed on Dete		
Executed on Dete		
Executed on Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE E Varge > avier OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) our re 05 STATE RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME		I.D. NUME	BER
NAME OF TREASURER			
COMMITTEE ADDRESS	STREET ADDRESS (N		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	- 14 ⁻	I.D. NUME	BER
NAME OF TREASURER			
COMMITTEE ADDRESS	STREET ADDRESS (M		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	

Identify the controlling officeholder, candidate, or state measure proponent, if any.

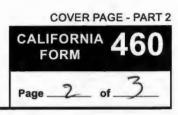
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

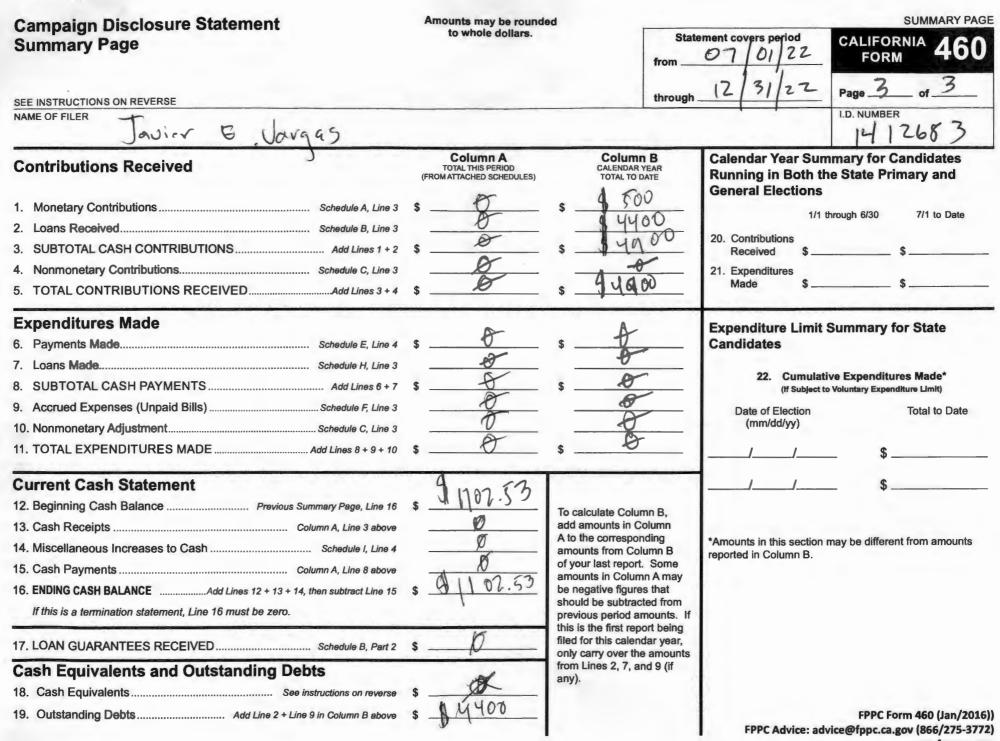
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary





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