

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

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CAMPAIGN FINANCE

CALIFORNIA FORM **470**
For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Piotr Orzechowski

STREET ADDRESS

CITY STATE ZIP CODE
Santa Clarita CA 91350

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
707-631-9354 info@piotr4waterboard.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Santa Clarita Valley Water Agency Board of Directors, Member, Division 2

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles, King, Kern, and Ventura County

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
n/a	n/a	n/a

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

Executed on 07/30/2022
DATE

By _____