5723

Officeholder and Candidate Campaign Statement – Short Form						Date Stamp	CALIFORNIA 470		
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)			MGCLES COUNTY @7/3/2-3 NG -3 PM 2: 19	FORM For Official Use Or 0 16 06 5	e Only	
		November 12, 2024			CAN DISC	IPAIGH FINANCE LOSURE SECTION			
1.	Statement Covers Calendar Year 20 23								
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Drew Mercy		3.	Office Sought of HEI	LD	n Water Agency Director			
	STREET ADDRESS CITY	STATE ZIP CODE		JURISDICTION (LOCATIO	N)		DISTRICT NUMBER (IF APPLICABLE) Division 1		
	Lancaster AREA CODE/DAYTIME PHONE NUMBER	CA 93536 OPTIONAL: FAX/E-MAIL ADDRESS	_						
	661-492-9503	Drew@DrewMercy.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			TEE ADDRESS		NAM	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 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 t								
	Executed on			B)					