Officeholder and Candidate Sampaign Statement – Short Form Sovernment Code Section 84206)	Type or print in ink.		SHORT FORM CALIFORNIA 470 FORM	
	Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	RECEIVED BY LOS ANGELES COUNT	For Official Use Only
			2023 AUG -2 AMII: 32	
. Statement Covers Calendar Year 2	0_23		DISCLOSURE SECTION	
. Officeholder or Candidate Informa	tion	3. Office Sought or	Held	
NAME OF OFFICEHOLDER OR CANDIDATE Beth Braunstein		OFFICE SOUGHT OR HELD Santa Clarita Valley	Water Agency, Board of Direc	tors
STREET ADDRESS		JURISDICTION (LOCATION) Los Angeles County	-	DISTRICT NUMBER (IF APPLICABLE)
CIT	STATE ZIP CODE			
Santa Clarita AREA CODE/DAYTIME PHONE NUMBER	CA 91350 OPTIONAL: FAX/E-MAIL ADDRE	ESS	•	
(310)717-1963				
. Committee Information List all committees of which you have knowled	edge that are primarily formed	d to receive contributions or to ma	ke expenditures on behalf of y	our candidacy.
COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	NAME OF	TREASURER
		. r.		
. Verification				
I declare under penalty of perjury that to the calendar year and that I have used all reason that the foregoing is true and correct.				
Executed on		Ву		·