

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

7/31/23 (3)

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

Amendment (Explain Below)

Date Stamp
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CALIFORNIA FORM 470
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CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 23 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Kerry D. Erickson

STREET ADDRESS

CITY STATE ZIP CODE

La Crescenta CA 91214

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

818 249-9577

OFFICE SOUGHT OR HELD

Crescenta Valley Water District - Director

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

La Crescenta, CA 91214

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

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 25 July 2023 DATE

By _____