

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

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

08 | 29 | 23

Amendment (Explain Below)

Date Stamp  
**RECEIVED BY**  
ORLAND-ARTOIS WATER DISTRICT  
OS 5/31/23

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Steven Carlos

STREET ADDRESS  
[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER  
530-624-7347

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Orland-Artois Water District Board Director

JURISDICTION (LOCATION)  
Orland-Artois Water District

DISTRICT NUMBER (IF APPLICABLE)

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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 State of California that the foregoing is true and correct.

Executed on 5-26-23 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form      Print Form