Officeholder and Candidate Campaign Statement – Short Form						7/28/22(1) Date Stamp CALIFORNIA 470 FORM				
		Date of election if applicable: (Month, Day, Year) November, 8, 2022		Amendment (Explain Below)		1 :	RECEIVED B ANGELES CO 2 AUG -2 PM	1 1		
<b>—</b> 1.	Statement Covers Calendar Year 20 22	-					MPAIGN FINA			
2.	Officeholder or Candidate Information			3.	Office Sought or Held	<u></u>				
	NAME OF OFFICEHOLDER OR CANDIDATE			_	OFFICE SOUGHT OR HELD					
	VANESSA HSU				DIRECTOR, DIVISION	1				
	STREET ADDRESS			_	JURISDICTION (LOCATION)  ROWLAND WATER D	ISTRICT		DISTRICT NUMBER (IF APPLICABLE)		
	CITY	STATE	ZIP CODE	_						
	LA PUENTE AREA CODE/DAYTIME PHONE NUMBER	CA OPTIONAL:	91744 FAX / E-MAIL ADDRESS							
	626-353-4215	vhsu@R	WD.org			,				
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			
<del></del>	Verification	,				ļ,				
	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 forescipe is true and correct									
	Executed on			ı	Ву	. <i>L</i>	TE			

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov