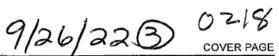
Recip	ient	Commi	ittee
Camp	aign	Staten	nent
Cove	r Pag	je	



	ampaign Statement over Page			RECEIVED BY	FORM 460
	•	,	T	LUS ANGELES CO	Page 1 of 3
		Statement covers period from 1/1/2022	Date of election if applicable: (Month, Day, Year)	2022 SEP 28 PM 3	For Official Use Only
SE	E INSTRUCTIONS ON REVERSE	through <u>9/24/2022</u>	11/08/2022	CAMPAIGN FINAL	NCE
1.	Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Use Complete Part 6)  rimarily Formed Candidate/ Ufficeholder Committee Use Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt □ Spe ermination)	rterly Statement cial Odd-Year Report
3.	Communee miormation	NUMBER ending	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	-	
	Javier Aguilar Campagin Committee, Water for Javi Three Valleys MWD		Javier Aguilar MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		Claremont	STATE ZIP C	
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		210 333 1202
	Claremont CA 91711				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
	CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZÎP C	ODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
1.	Verification  I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of the st	•	cnowledge the information contained	d herein and in the attached so	hedules is true and complete. I
	Executed on 9/24/2022	Ву			
	Executed on 9/24/2022	By ———Sigr		ible Officer of Spon	sor
	Executed on	By	ignature of Controlling Officeholder, Candidate,		
	Executed on	Ву	ingel via of Controlling Officeholder Controlling	Sinta Managara Despansas	

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER	FAGE - FART 2
CALIFORNI FORM	<sup>4</sup> 460
2	2

Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE				
Javier Aguilar	1					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	— I	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT	
Three Valley MWD- Division III, Director					OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  Claremont CA 91711		Identify the controlling office	holder, candidate,	or state measure pro	ponent, if any.	
	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY	
COMMITTEE-NAME I.D. NUMBER	<del></del>					
NAME OF TREASURER CONTROLLED COMMITTEE?		. Primarily Formed Cand officeholder(s) or candidate(s)				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	_	NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP CODE AREA CODE/PHON	NE .	NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME I.D. NUMBER	_	NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP CODE AREA CODE/PHON	NE	Atta	ch continuation sh	neets if necessary		

Campaign	<b>Disclosure</b>	Statement
Summary	Page	

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page				from 1/1/		/2022	FORM 460
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Javier Aguilar		1			through	9/24/2022	Page 3 of 3  I.D. NUMBER pending
Contributions Received  1. Monetary Contributions	\$	0 0	\$	0 0	AR .	Running in Both the General Elections	mary for Candidates e State Primary and  7/1 to Date  \$\frac{0}{30}  \text{\$\frac{0}{30}}  \
Expenditures Made  6. Payments Made	\$	0 0 0 0	\$	0			Summary for State  ve Expenditures Made* Voluntary Expenditure Limit)  Total to Date  \$ 0
Current Cash Statement  12. Beginning Cash Balance	\$	0 0 0	A an of an be st po th fill	o calculate Column dd amounts in Column to the correspondi mounts from Column fyour last report. Smounts in Column e negative figures the column amounts in column to the column to the column to the first report ed for this calendarly carry over the amount times 2, 7, and my).	umn ing nn B Some A may that d from bunts. If t being r year, amounts	*Amounts in this section n reported in Column B.	\$_0 nay be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0				FPPC Advice: adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov