

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

0218-3

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

Amendment (Explain Below)

Date Stamp
RECEIVED
LOS ANGELES CA
① 02/03/2023
2023 FEB -6 PM 3:26
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only
020492

1. Statement Covers Calendar Year 20 2022

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
BRUCE KNOLES

STREET ADDRESS

CITY STATE ZIP CODE
AZUSA CA 91702

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
6264196290

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SAN GABRIEL VALLY MUNICIPLE WATER DISTRICT BOARD OF DIRECTOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
AZUSA 5

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of Califorr

Executed on 12-31-22 DATE By _____ t I have used