Ca	ficeholder and Candidate Impaign Statement –	i				7/31/23 (3) Date Stamp CALIFORNIA 470 FORM	
Short Form		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)		LOS ANGELES COUNT 2023 AUG -2 AM 11: 4	For Official Use Only
1.	Statement Covers Calendar Year 20 23					CAMPAIGN FINANCE BISCLOSURE STEET	111
2.	Officeholder or Candidate Information				Office Sought or Hel	d	
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD		
	James D. Bodnar				Crescenta Valley Water District - Director		
	STREET ADDRESS				JURISDICTION (LOCATION)	X.	DISTRICT NUMBER (IF APPLICABLE)
					La Crescenta, CA 91214	4	
	CHY	STATE	ZIP CODE				
	La Crescenta AREA CODE/DAYTIME PHONE NUMBER	CA	91214 FAX / E-MAIL ADDRESS				
	818 249-3624	OPTIONAL:	FAX / E-MAIL ADDRESS				
4.	Committee Information	arily formed to reco		tributions or to make expenditures on behalf of your candidacy. MITTEE ADDRESS NAME OF TREASURER			
					,		/
5.	Verification					· ·	
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I c						endar year and that I have used
	DAIL						