

7/27/22 (3)

Officeholder and Candidate Campaign Statement - Short Form

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

Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Mary Cammarano; STREET ADDRESS; CITY: San Gabriel, STATE: Ca, ZIP CODE: 91778

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Board Member, San Gabriel County Water District; JURISDICTION (LOCATION); 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.

Table with 3 columns: 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 will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement.

Executed on 7/12/2022 DATE

By SIGNATURE OF OFFICEHOLDER OR CANDIDATE