

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

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

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**Amendment** (Explain Below)

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<small>Date Stamp</small> <b>RECEIVED BY</b> <b>LOS ANGELES COU</b> <b>① 8/10/23</b> <b>2023 AUG 14 PM 2:08</b>	<b>CALIFORNIA</b> <b>FORM</b> <b>470</b> <small>For Official Use Only</small>
<b>CAMPAIGN FINANCE DISCLOSURE SECTION</b>	

**1. Statement Covers Calendar Year 20** 23 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Miles L. Prince

STREET ADDRESS

CITY STATE ZIP CODE  
Sierra Madre CA 91024

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626-354-2312

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
San Gabriel Valley Municipal Water District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Los Angeles County IV

**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 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

Executed on 08/10/2023  
DATE