

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

① 08/21/2023

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY	
2023 AUG 24 AM 10: 29	
CAMPAIGN FINANCE DISCLOSURE SECTION	

<p>Date of election if applicable: (Month, Day, Year)</p> <hr/>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/>
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
BRUCE KNOLES

STREET ADDRESS
AZUSA

CITY STATE ZIP CODE
AZUSA CA 91702

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-419-6290

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SAN GABRIEL VALLEY MUNICIPAL WATER DISTRICT

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LOS ANGELES COUNTY 1

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 the State of California that the foregoing is true and correct.

Executed on 8/10/23 DATE By _____ OFFICEHOLDER OR CANDIDATE