

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

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

**Amendment** (Explain Below)

Date Stamp  
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CAMPAIGN FINANCE

**CALIFORNIA FORM 470**  
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020492

1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
BRUCE KNOLES

STREET ADDRESS

CITY  
AZUSA CA STATE CA ZIP CODE 91702

AREA CODE/DAYTIME PHONE NUMBER  
(626) 513-5962

OPTIONAL: FAX / E-MAIL ADDRESS  
bruce.knoles@yahoo.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
SAN GABRIEL VALLEY MUNICIPAL WATER DISTRICT

JURISDICTION (LOCATION)  
AZUSA

DISTRICT NUMBER (IF APPLICABLE)  
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 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 I have used the correct information.

Executed on 9-11-2024 (7-21-2024) DATE By \_\_\_\_\_ CANDIDATE