

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

N-1

Date of election if applicable:  
(Month, Day, Year)  
  
November 08, 2022

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
① 10/11/22  
2022 OCT 13 PH 1:48  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only  
021474

1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Anagh Mamdapurkar  
STREET ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE  
San Gabriel CA 91775  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626.540.2290 anagh4sg@gmail.com

OFFICE SOUGHT OR HELD  
San Gabriel County Water District - Board of Director - Member  
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
County

**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
N/A	N/A	N/A
N/A	N/A	N/A

**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 August 29, 2022  
DATE

By \_\_\_\_\_  
OFFICEHOLDER OR CANDIDATE