

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

0218

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

November 08, 2022

Amendment (Explain Below)

Date Stamp

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LOS ANGELES COUNTY  
① 8/30/22  
2022 SEP -2 AM 10:30  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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021474

1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

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

**3. Office Sought or Held**

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 \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE