

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

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LOS ANGELES COUNTY
2024 SEP 13 AM 11:46
CAMPAIGN FINANCE

CALIFORNIA FORM **470**
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
3/3/2020

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Bobbi Bruesch

STREET ADDRESS

CITY STATE ZIP CODE
Rosemead CA 91770

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(626) 975-6778 bobbibruesch@charter.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Garvey School District, Rosemead, CA FEIN: 956001427

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 le: _____ have used
all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law

Executed on September 12, 2024 DATE