

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

7/23/24 (1) 5724

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

Amendment (Explain Below)

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CALIFORNIA FORM 470  
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1. Statement Covers Calendar Year 20 \_\_\_\_\_

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
BRUCE KNOLES

STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE  
AZUSA CA 91702

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(626) 513-5962 bruceknoles@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
SAN GABRIEL VALLEY MUNICIPAL WATER DISTRICT

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
AZUSA 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 ID. 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

Executed on 7-21-2024 DATE

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