

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

07/02/2024  
Date Stamp

**CALIFORNIA  
FORM 470**  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
  
11-05-2024

Amendment (Explain Below)

RECEIVED BY  
**LOS ANGELES COUNTY**  
2024 JUL -5 AM 11:35  
CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Bob Kuhn

STREET ADDRESS

CITY

Glendora

AREA CODE/DAYTIME PHONE NUMBER

626 374-9501

STATE

Ca

ZIP CODE

91740

OPTIONAL: FAX / E-MAIL ADDRESS

bgkuhn@aol.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Board Member Three Valleys MWD

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER  
(IF APPLICABLE)  
Division 4

**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

Executed on 07-02-2024  
DATE

SIGNATURE OF OFFICEHOLDER OR CANDIDATE