

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)
[] Amendment (Explain Below)

Date Stamp
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CALIFORNIA FORM 470
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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Frederick Brian Bowcock
STREET ADDRESS
CITY STATE ZIP CODE
La Verne CA 91750
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
909-227-6962 brianbowcock@verizon.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Three Valleys Municipal Water District 3

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.

Table with 3 columns: 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 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 July 19, 2022 DATE

By SIGNATURE OF OFFICEHOLDER OR CANDIDATE