

5722

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2022 AUG 31 PM 3:06
CAMPAIGN FINANCE

Officeholder and Candidate
Campaign Statement -
Short Form

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

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470
For Official Use Only
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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information
NAME OF OFFICEHOLDER OR CANDIDATE
Robert Kuhn
STREET ADDRESS

CITY STATE ZIP CODE
Glendora Ca 91740
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
1 626 374-9501 bgkuhn@aol.com

3. Office Sought or Held
OFFICE SOUGHT OR HELD
Board member Three Valleys MWD Div. 4
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County 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	None
N/A	N/A	None

5. Verification
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive all reasonable diligence in preparing this statement. I certify under penalty of perjury that I have

Executed on 829-2022
DATE

Clear Form Print Form

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166/275-3772)
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