

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

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

Amendment (Explain Below)

Date Stamp

RECEIVED BY
LOS ANGELES COUNTY
2023 JUL 31 PM 1:42

CALIFORNIA FORM **470**

For Official Use Only

CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 23

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
626-374-9501 bgkuhn@aol.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member, Three Valleys MWD

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	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 not have more than \$2,000 during the period covered by this statement 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 information provided is true and correct.

Executed on 7/27/2023 DATE

By _____