Officeholder and Candidate Campaign Statement –						L03	RECEINGE DIPER			
Sh	nort Form		ction if applicable: th, Day, Year)	Amer	Amendment (Explain Below)		PAIGN FINANCE	For Official Use Only		
1.	Statement Covers Calendar Year 20 22	· .					:			
2.	Officeholder or Candidate Information			3.	Office Sought of	r Held				
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HEL	.D				
	Eric Chan						riel County Water District			
	STREET ADDRESS				JURISDICTION (LOCATION	N)		DISTRICT NUMBER (IF APPLICABLE)		
	CITY	OTATE	7ID CODE							
		STATE	ZIP CODE							
	San Gabriel, AREA CODE/DAYTIME PHONE NUMBER	Ca OPTIONAL: 1	91776 FAX / E-MAIL ADDRESS							
4.	ommittee Information st 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				
					•					
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 use 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.									
	7/12/2022				_					
	Executed onDATE				Ву	<u> </u>	SIGNATURE OF OFFICEHOLDER OR CANDIDATE			