

1129/21 (1)

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2021 JUL 26 PM 2:45 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 20

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
BOBBI BRUESCH

STREET ADDRESS  
ROSEMead, CA 91770

CITY STATE ZIP CODE  
ROSEMead, CA 91770

AREA CODE/DAYTIME PHONE NUMBER  
(626) 975-6778

OPTIONAL: FAX / E-MAIL ADDRESS  
bobbbruesch@charter.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
GARVEY SCHOOL DISTRICT BOARD OF EDUCATION

JURISDICTION (LOCATION)  
ROSEMead/SAN GABRIEL

DISTRICT NUMBER (IF APPLICABLE)  
MONTEREY PARK

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
<u>NONE</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law:

Executed on JULY 21, 2021 DATE

By

Clear Form

Print Form