

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

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

11/03/2020

Amendment (Explain Below)

Date Stamp
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LOS ANGELES COUNTY
2022 AUG 22 AM 11:23
CAMPAIGN FINANCE

CALIFORNIA FORM **470**
For Official Use Only

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Ti

STREET ADDRESS

CITY

Claremont

AREA CODE/DAYTIME PHONE NUMBER

626-715-9898

STATE

CA

OPTIONAL: FAX / E-MAIL ADDRESS

mti@tvmwd.com

ZIP CODE

91711

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board of Director

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER
(IF APPLICABLE)
Division 7

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
None		
None		

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 08/18/2022
DATE