

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

40C 7/21/21

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

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michael Gualtieri

STREET ADDRESS

CITY STATE ZIP CODE
Placentia CA 92870

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562 536-3030 mike@lhhcwd.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Central Basin Municipal Water District - DIRECTOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
CENTRAL BASIN Municipal WATER DISTRICT

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

5. Verification

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

_____ during the calendar year and that I have used and correct.

Executed on July 21, 2021
DATE

By _____
DER OR CANDIDATE