

Officeholder and Candidate
Campaign Statement –
Short Form

5721

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<p>Date of election if applicable: (Month, Day, Year)</p> <p>11/3/2020</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>
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Date Stamp

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CALIFORNIA FORM 470

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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Mike Ti

STREET ADDRESS

CITY STATE ZIP CODE
Claremont CA 91711

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-715-9898

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director of Three Valley Municipal Water District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County 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 8/2/2021
DATE

By SS