Officeholder and Candidate				01-5888 57 2-2 SHORT FORM
Campaign Statement -			RECEIVED Bate Stamp	CALIFORNIA 470 N
Short Form (Government Code Section 84206)	Date of election if applicable: (Month, Day, Year)	☐ Amendment (Expla	2022 JUL 19 AM 10: 39 CAMPAIGN FINANCE	For Official Use Only
1. Statement Covers Calendar Yea	r 20 <u>22</u> .	(3		
2. Officeholder or Candidate Infor	mation	3. Office So	ught or Held	
NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGH	IT OR HELD	
David L. Muse		Director		
STREET ADDRESS		JURISDICTION	(LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
		Water Distr	ict VALLEY COUNTY	(IFAFFEIGABLE)
CITY	STATE ZIP CODE			
Baldwin Park	Ca 91706			
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRE	ESS		
626-644-1775				
4. Committee Information List all committees of which you have known	owledge that are primarily former	to receive contribution	or to make eveneditures on be	half of your condidacy
COMMITTEE NAME AND I.D. NUM		COMMITTEE ADDRESS	s or to make expenditures on be	NAME OF TREASURER
COMMITTEE NAME AND I.D. NUM			s or to make expenditures on be	
COMMITTEE NAME AND I.D. NUMS			s or to make expenditures on be	
			s or to make expenditures on be	
5. Verification I declare under penalty of perjury that to calendar year and that I have used all retath the foregoing is true and correct.	the best of my knowledge I anticip	COMMITTEE ADDRESS	ss than \$1,000 and that I will spe	end less than \$1,000 during the
5. Verification I declare under penalty of perjury that to a calendar year and that I have used all re-	the best of my knowledge I anticip	COMMITTEE ADDRESS	ss than \$1,000 and that I will spe	end less than \$1,000 during the