

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

CDM 5725

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

Amendment (Explain Below)

Date Stamp

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LOS ANGELES COUNTY  
2023 JUL 31 PM 2:10  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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1. Statement Covers Calendar Year 20 23

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
David L. Muse

STREET ADDRESS

CITY STATE ZIP CODE  
Baldwin Park Ca 91706

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

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Board of Director

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Valley County 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 \$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

Executed on 7/31/2023  
DATE

By \_\_\_\_\_  
DATE