

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

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

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**Amendment** (Explain Below)

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Date Stamp

RECEIVED  
LOS ANGELES COUNTY  
2021 JUL 30 PM 5:00  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
Original Use Only

1. Statement Covers Calendar Year 20 21 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Harris S. Mataalii

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
Montebello CA 90640

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(323) 440-4994

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Director Division 3

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
South Montebello, CA

**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		

**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 July 27, 2021  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE