

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

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY	For Official Use Only
2023 JUL 28 PM 2:46	
CAMPAIGN FINANCE DISCLOSURE SECTION	

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 23

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CENTRAL BASIN MWD APPOINTED DIRECTOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
AT LARGE

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 State of California that the information provided herein is true and correct.

During the calendar year and that I have used and correct.

Executed on July 26, 2023
DATE

By _____
OFFICEHOLDER OR CANDIDATE