

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

(Government Code Section 84206)

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Type or print in ink.

8/3/21 400

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CAMPAIGN FINANCE

SHORT FORM

CALIFORNIA FORM 470

For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

David Muse

STREET ADDRESS

CITY

Baldwin Park

AREA CODE/DAYTIME PHONE NUMBER

STATE ZIP CODE

Ca 91706

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Director

JURISDICTION (LOCATION)

Water District

DISTRICT NUMBER  
(IF APPLICABLE)

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 \$1,000 and that I will spend less than \$1,000 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 8/3/21  
DATE

By \_\_\_\_\_  
CANDIDATE