

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

WZ

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

07/15/2024

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Ti

STREET ADDRESS

CITY STATE ZIP CODE

Claremont CA 91711

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

6267159898 mti@tvmwd.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Director of Three Valleys Municipal Water District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

Los Angeles County Division 7

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		
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 2024-07-15

DATE

Clear Form

Print Form