

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
_____	_____
_____	_____

Date Stamp

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 18

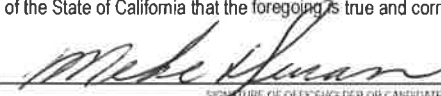
2. Officeholder or Candidate Information	3. Office Sought or Held
NAME OF OFFICEHOLDER OR CANDIDATE <u>MIKE DURAN</u>	OFFICE SOUGHT OR HELD <u>DIRECTOR</u>
STREET ADDRESS <u>82-229 BLISS AVENUE</u>	JURISDICTION (LOCATION) <u>VALLEY SANITARY DISTRICT</u>
CITY STATE ZIP CODE <u>INDIO CA 92201</u>	DISTRICT NUMBER (IF APPLICABLE)
AREA CODE/DAYTIME PHONE NUMBER <u>760-347-1760</u>	OPTIONAL: FAX / E-MAIL ADDRESS

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 ID. 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 State of California that the foregoing is true and correct.

Executed on JULY 24, 2018 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE