

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date Stamp		<b>CALIFORNIA FORM 470</b> <small>For Official Use Only</small>
<div>Date of election if applicable: (Month, Day, Year)  <div><input type="checkbox"/> Amendment (Explain Below)</div></div>		

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE	
DEBRA A. CANERO	
STREET ADDRESS	
82-439 JUNIPERO STREET	
CITY	STATE ZIP CODE
INDIO	CA 92201
AREA CODE/DAYTIME PHONE NUMBER	
442-400-2189	
OPTIONAL: FAX / E-MAIL ADDRESS	
dcanero@valley-sanitary.org	

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
DIRECTOR	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
VALLEY SANITARY DISTRICT	B


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 \$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 14, 2020 DATE By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE