Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
			For Official Use Only

1. Statement Covers Calendar Year 20 19.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

DENNIS COLEMAN

STREET ADDRESS

84-156 OLANA CT.

CITY | STATE | ZIP CODE

INDIO | CA | 92203

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

760-413-1300

3. Office Sought or Held

OFFICE SOUGHT OR HELD

DIRECTOR

JURISDICTION (LOCATION) | DISTRICT NUMBER (IF APPLICABLE)

VALLEY SANITARY DISTRICT

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 16, 2019 (DATE)

By _____ (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

Clear Form | Print Form