

Officeholder and Candidate
Campaign Statement –
Short Form

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

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
DENNIS COLEMAN
STREET ADDRESS
84-156 OLONA COURT
CITY
INDIO
STATE
CA
ZIP CODE
92203
AREA CODE/DAYTIME PHONE NUMBER
442-400-4241
OPTIONAL: FAX / E-MAIL ADDRESS
dcoleman@valley-sanitary.org

3. Office Sought or Held

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

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