

Officeholder and Candidate Campaign Statement - Short Form

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

1. Statement Covers Calendar Year 20 19.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	
MIKE DURAN		DIRECTOR	
STREET ADDRESS		JURISDICTIONAL LOCATION	
82-229 BLISS AVENUE		VALLEY SANITARY DISTRICT	
CITY	STATE	ZIP CODE	DISTRICT NUMBER (IF APPLICABLE)
INDIO	CA	92201	
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL FAX/E-MAIL ADDRESS	
760-275-4659			

4. Committee Information

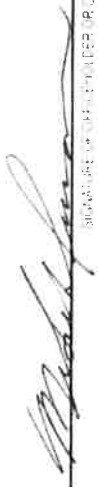
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy

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 16, 2019 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form