

Officeholder and Candidate
Campaign Statement –
Short Form

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

1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
MIKE DURAN
STREET ADDRESS
82-229 BLISS AVENUE
CITY
INDIO STATE
CA ZIP CODE
92201
AREA CODE/DAYTIME PHONE NUMBER
442-400-9336 OPTIONAL: FAX / E-MAIL ADDRESS
mduran@valley-sanitary.org

3. Office Sought or Held

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

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