

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	<b>CALIFORNIA FORM 470</b> <small>For Official Use Only</small>
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1. Statement Covers Calendar Year 20 25 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
MIKE DURAN  
 STREET ADDRESS  
82229 BLISS AVE  
 CITY  
INDIO STATE  
CA ZIP CODE  
92201  
 AREA CODE/DAYTIME PHONE NUMBER  
760-238-5400 OPTIONAL: FAX/E-MAIL ADDRESS

**3. Office Sought or Held**

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

**4. Committee Information**

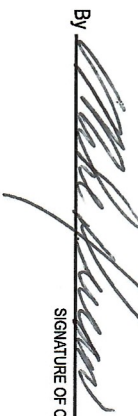
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND 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 8, 2025 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE