

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470 <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
 EDGAR SANTANA
 STREET ADDRESS
 41657 ANTUN PL.
 CITY
 INDIO STATE ZIP CODE
 CA 92203
 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)
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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 8, 2025 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE