

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp _____	CALIFORNIA 470 FORM For Official Use Only
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Debra Canero

STREET ADDRESS

82439 Junipero St.

CITY

Indio

AREA CODE/DAYTIME PHONE NUMBER

760-238-5400

STATE

CA

ZIP CODE

92201

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

President

JURISDICTION (LOCATION)

Valley Sanitary District

DISTRICT NUMBER
(IF APPLICABLE)

B

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 11, 2023

DATE

By _____

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Debra Canero

Clear Form

Print Form