R OR CANDIDATE	SIGNATURE OF OFFICEHOLDER OR CANDIDATE			DATE	L>000
	de Sunna	By M		July 11, 2023	EXPC:
uring the calendar year and that I have ue and correct.	will spend less than \$2,000 dualifornia that the foregoing is true	that I will receive less than \$2,000 and that I by of perjury under the laws of the State of Ca	y knowledge I anticipate ent. I certify under penal	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.	l decl
				Verification	5. Ver
	a H				
NAME OF TREASURER	NAN	COMMITTEE ADDRESS		COMMITTEE NAME AND I.D. NUMBER	
your candidacy.	expenditures on behalf of y	med to receive contributions or to make	e that are primarily for	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.	List a
				760-238-5400	760
		ADDRESS	OPTIONAL: FAX/E-MAILADDRESS	AREA CODE/DAYTIME PHONE NUMBER	AREA (
		01	CA 92201		Indio
		DE CONTRACTOR OF THE CONTRACTO	STATE ZIP CODE		ALIO
D	District	Valley Sanitary District		82229 Bliss Ave.	822
(IF APPLICABLE)	S	JURISDICTION (LOCATION)		STREET ADDRESS	STREE
		Vice President		Mike Duran	Mik
	i.b	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	NAME
	or Held	3. Office Sought o		Officeholder or Candidate Information	2. Offi
			23	Statement Covers Calendar Year 20	L. Stat
				Ī	
For Official Use Only		☐ Amendment (Explain Below)	Date of election if applicable: (Month, Day, Year)	oratement -	Short Form
CALIFORNIA 470	Date Stamp			Officeholder and Candidate	Office

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