

Officeholder and Candidate
Campaign Statement -
Short Form

Date Stamp	CALIFORNIA 470 FORM For Official Use Only
Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23.

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
Vice President
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 11, 2023
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form