

No Postmark

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) _____

Amendment (Explain Below) _____

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CAMPAIGN FINANCE

CALIFORNIA FORM 470
 For Official Use Only

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information (AMBER ROSE MERINO) 3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
 STREET ADDRESS
Palmdale
 CITY STATE ZIP CODE
Palmdale CA 93550
 AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
6614277126

OFFICE SOUGHT OR HELD
Palmdale Water District 1
 JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County 1

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 07-26-2021
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form