

Officeholder and Candidate  
Campaign Statement -  
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp <b>RECEIVED BY LOS ANGELES COUNTY</b> <b>2021 JUL 29 PM 12:55</b> <b>CAMPAIGN FINANCE</b>	<b>CALIFORNIA FORM 470</b> <small>For Official Use Only</small>
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2. Officeholder or Candidate Information (AMBER ROSE MERINO)

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

Palmdale

CITY

CA

STATE

93550

ZIP CODE

6614277126

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Palmdale Water District 1

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER  
(IF APPLICABLE)

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