

**Officeholder and Candidate
Campaign Statement –
Short Form**

7/20/22 ③

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp	CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 ²² _____.

CAMPAIGN FINANCE

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Sal Spalla

STREET ADDRESS

CITY STATE ZIP CODE
Quartz Hill CA 93536

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
661-714-6323

OFFICE SOUGHT OR HELD
Board Member held

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Palm Ranch Irrigation District district 4

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
N/A		

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

Executed on 20 July 2022 DATE

By _____