

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

6/10/21 (1)

5721

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

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE**

**CALIFORNIA
FORM 470**
For Official Use Only
019473

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sal C. Spalla

STREET ADDRESS

CITY STATE ZIP CODE
Quartz Hill CA 93536

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member Division 4

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Palm Ranch Irrigation Dist.

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 \$ _____ per year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of California that the information provided in this statement is true and correct.

Executed on 6/9/2021
DATE

By _____



Clear Form

Print Form