

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

| | | | |
|---|---|--|--|
| Date of election if applicable: (Month, Day, Year) <u>8/31/21</u> | <input type="checkbox"/> Amendment (Explain Below) _____ _____ | Date Stamp RECEIVED SENDA PEREZ, COUNTY CLERK JUN 08 2021 BY <u>KRA</u> DEPUTY | CALIFORNIA FORM 470 For Officeholders Only SENDA PEREZ, COUNTY CLERK MAY 27 2021 BY <u>KRA</u> DEPUTY |
|---|---|--|--|

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Chris Torres

STREET ADDRESS

CITY
Princeton

STATE
Ca

ZIP CODE
95970

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director

JURISDICTION (LOCATION)
Princeton Irrigation Dist

DISTRICT NUMBER (IF APPLICABLE)
N/A

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 |
|--------------------------------|-------------------|-------------------|
| <u>N/A</u> | _____ | _____ |
| <u>N/A</u> | _____ | _____ |

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 have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the S _____

Executed on 5/27/21 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE

[Clear Form](#) [Print Form](#)