

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

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| <p>Date of election if applicable: (Month, Day, Year)</p> <p style="font-size: 1.5em; text-align: center;">8/31/2021</p> | <p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/> | <p style="text-align: center;">Date Stamp</p> <p style="text-align: center;">FILED SENDA PEREZ, COUNTY CLERK</p> <p style="text-align: center; font-size: 1.2em;">MAY 15 2021</p> <p style="text-align: center;">BY <u>[Signature]</u> DEPUTY</p> | <p>CALIFORNIA FORM 470</p> <p style="font-size: 0.8em;">For Official Use Only</p> |
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1. Statement Covers Calendar Year 20 21.

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| <p>2. Officeholder or Candidate Information</p> <p>NAME OF OFFICEHOLDER OR CANDIDATE <u>David Alves</u></p> <p>STREET ADDRESS <u>Princeton CA 95970</u></p> <p>CITY STATE ZIP CODE CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____</p> | <p>3. Office Sought or Held</p> <p>OFFICE SOUGHT OR HELD <u>Director - P-C-G Irrigation Dist</u></p> <p>JURISDICTION (LOCATION) _____ DISTRICT NUMBER (IF APPLICABLE) _____</p> |
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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 of California that the foregoing is true and correct.

Executed on 5/15/21 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form