

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

Registrar <small>Deputy</small> of Voters		CALIFORNIA FORM 470 <small>For Official Use Only</small>	
Date of election if applicable: (Month, Day, Year) <u>11/5/24</u>		<input type="checkbox"/> Amendment (Explain Below)	
JUL 15 2024		Imperial County	

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Diego Navarro
 STREET ADDRESS
140 S. Lake Street
 CITY
CA STATE
92233 ZIP CODE
 AREA CODE/DAYTIME PHONE NUMBER
760-960-3665 OPTIONAL FAX/E-MAIL ADDRESS
raul9484@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Calipatria Unified School District Board of Trustees
 JURISDICTION (LOCATION)
County of Imperial
 DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

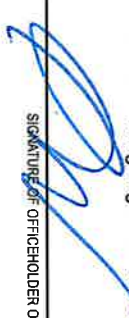
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND ID. 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 7/15/24
 DATE

By 
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE