

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

Registration
of Voters

CALIFORNIA
FORM 470

For Official Use Only

Date of election if applicable: (Month, Day, Year) 11/5/2024	<input type="checkbox"/> Amendment (Explain Below)	JUL 22 2024 Imperial County
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Gloria G. Santillan

STREET ADDRESS
896 West Cody Road

CITY
Brawley STATE
ca ZIP CODE
92227

AREA CODE/DAYTIME PHONE NUMBER
(760) 960-0069

OPTIONAL: FAX / E-MAIL ADDRESS
gloriagosa@yahoo.com

OFFICE SOUGHT OR HELD
Brawley Union High School Board Trustee

JURISDICTION (LOCATION)
Imperial County

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 I.D. 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 7/22/24 DATE

By Gloria G. Santillan SIGNATURE OF OFFICEHOLDER OR CANDIDATE