

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

CALIFORNIA
FORM

470

For Official Use Only



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

March 5 2024

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Louis Pacheco

STREET ADDRESS

117 9th St

CITY

Calexico CA

AREA CODE/DAYTIME PHONE NUMBER

760.222.8342

STATE

ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Imperial Irrigation District

JURISDICTION (LOCATION)

Imperial

DISTRICT NUMBER
(IF APPLICABLE)

D.V. #4

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 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.

12/8/23

Executed on _____ DATE

By Louis Pacheco

SIGNATURE OF OFFICEHOLDER OR CANDIDATE