


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

 23 2024 Imperial County	CALIFORNIA FORM 470
	For Official Use Only

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

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
EDGAR AGUIAR

STREET ADDRESS
226 COUNTRYSIDE DR

CITY STATE ZIP CODE
EL CERRILLO CA 92003

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
760-791-5907


3. Office Sought or Held

OFFICE SOUGHT OR HELD
MC CABE UNION GSD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
IMPERIAL COUNTY

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 11/23/2024 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE