

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

Registrar
of Voters

CALIFORNIA
FORM **470**

For Official Use Only

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

11-05, 2024

Amendment (Explain Below)

JUL 25 2024

Imperial
County

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

SALVADOR VELASCO JR

STREET ADDRESS

5267 S. H. ST

CITY

WESTMORLAND

AREA CODE/DAYTIME PHONE NUMBER

760.791.8489

STATE

CA

ZIP CODE

92281

OPTIONAL: FAX / E-MAIL ADDRESS

NA

3. Office Sought or Held

OFFICE SOUGHT OR HELD

WESTMORLAND UNIFIED School DISTRICT

JURISDICTION (LOCATION)

WESTMORLAND

DISTRICT NUMBER
(IF APPLICABLE)

NA

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
NA	NA	NA
NA	NA	NA

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

7-25-24

DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE