

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

Registrar  
of Voters

JUL 25 2024

Imperial  
County

CALIFORNIA  
FORM **470**

For Official Use Only

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

11-5-2024

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

ROMANEO J. MEDINA

STREET ADDRESS

6586 Riley Rd

CITY

CAUPATRIA

STATE

CA

ZIP CODE

92232

AREA CODE/DAYTIME PHONE NUMBER

760) 996-1679

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Imperial Community College District  
IECD Area 6

JURISDICTION (LOCATION)

Imperial County

DISTRICT NUMBER  
(IF APPLICABLE)

Area 6

**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
N/A		

**5. Verification**

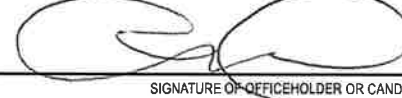
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the 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