

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

Date of election if applicable:  
(Month, Day, Year)  
11-5-2024

**Amendment** (Explain Below)

Registrar  
of Voters

JUL 30 2024

Date Stamp

CALIFORNIA  
FORM **470**  
For Official Use Only

1. Statement Covers Calendar Year 20 24.

Imperial  
County

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Gabby Olguin-Nixon

STREET ADDRESS  
604 Morningside Ct. Imperial Ca 92251

CITY STATE ZIP CODE  
Imperial Ca 92251

AREA CODE/DAYTIME PHONE NUMBER  
760-960-1741

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
USD.

JURISDICTION (LOCATION)

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 [Signature] 7.30.24.  
DATE

By [Signature]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE