

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

Registrar of Voters Date Stamp JUL 15 MAY 30 2024 Imperial County	CALIFORNIA FORM 470
	For Official Use Only

Date of election if applicable: (Month, Day, Year) <u>11/5/24</u> <u>7/30/24</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
Helen Diaz Medina

STREET ADDRESS
656th St.

CITY
Heber

STATE
CA

ZIP CODE
92249

AREA CODE/DAYTIME PHONE NUMBER
760 554-2380

OPTIONAL: FAX / E-MAIL ADDRESS
nenam76@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Heber Elementary School District

JURISDICTION (LOCATION)
Heber

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 7/30/24
DATE

By Helen Diaz Medina
SIGNATURE OF OFFICEHOLDER OR CANDIDATE