

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

Date of election if applicable:  
(Month, Day, Year)  
11/5/24  
~~7/30/24~~

Amendment (Explain Below)

Date Stamp  
**Registrar  
of Voters**  
JUL 30 2024  
**Imperial  
County**

**CALIFORNIA  
FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 2024.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Helen Diaz Molina

STREET ADDRESS  
65 6<sup>th</sup> Street

CITY STATE ZIP CODE  
Heber CA 92249

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
760 554-2380 hendam1@yahoo.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Heber Public Utility District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Heber

**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 Molina SIGNATURE OF OFFICEHOLDER OR CANDIDATE