

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

CALIFORNIA FORM 470
For Official Use Only

Registrar of Voters
Date Stamp

JUL 15 2024

Imperial County

Amendment (Explain Below)

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

11-05-2024

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Victor M Lopez

STREET ADDRESS
515 W. 2ND ST

CITY
Imperial

STATE
CA

ZIP CODE
92251

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION)
Trustee Imp con School District

DISTRICT NUMBER (IF APPLICABLE)
Imperial county

4. Committee Information

List all committees 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 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 07/15/2024 DATE

By Victor Lopez SIGNATURE OF OFFICEHOLDER OR CANDIDATE