

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

Registrar <small>Division of</small> Voters	CALIFORNIA FORM 470 <small>For Official Use Only</small>
	JUL 15 2024 Imperial County
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: Margarita Magallanes
 STREET ADDRESS: 1029 Playa del Norte Calexico, CA 92331
 CITY: Calexico STATE: CA ZIP CODE: 92331
 AREA CODE/DAYTIME PHONE NUMBER: 760 442-4114 OPTIONAL: FAX / E-MAIL ADDRESS: _____
 OFFICE SOUGHT OR HELD: CUSD Board of Trustee
 JURISDICTION (LOCATION): Calexico 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 07/15/2024 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE