

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

Registrar  
of Voters  
Date Stamp  
JUL 30 2024  
Imperial  
County

CALIFORNIA  
FORM **470**

For Official Use Only

Date of election if applicable: (Month, Day, Year)  <u>11/5/24</u>	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____
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1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Michael J Friese

STREET ADDRESS  
1588 N Marina Dr.

CITY STATE ZIP CODE  
Salton City CA 92274

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
260-890-8542

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Director, Salton Community Services District

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
<u>N/A</u>		

**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 30 July 2024  
DATE

By Michael J Friese  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE