

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

Date of election if applicable: (Month, Day, Year) <u>11/5/24</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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Date Stamp Registrar of Voters JUL 30 2024	CALIFORNIA FORM 470 For Official Use Only
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**Imperial
County**

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michelle M. Gilmore

STREET ADDRESS
2661 Salton Bay Drive

CITY
Salton City

STATE
CA

ZIP CODE
92274

AREA CODE/DAYTIME PHONE NUMBER

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
DIRECTOR Salton Community Services District

JURISDICTION (LOCATION)

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

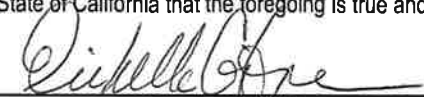
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 July 30, 2024
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE