

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

**Registrar
of Voters**

JUL 31 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"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Hortencra Armendariz

STREET ADDRESS
709 Harrington St

CITY STATE ZIP CODE
Calexico CA 92231

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
760 427-9736 harmendariz@live.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
IVC Board of Trustee

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Area 1

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>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<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 29, 2024
DATE

By Hortencra Armendariz
SIGNATURE OF OFFICEHOLDER OR CANDIDATE