

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

Registrar  
of Voters

Date Stamp

CALIFORNIA  
FORM **470**

For Official Use Only

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

11/05/2024

Amendment (Explain Below)

AUG 02 2024

Imperial  
County

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Lucy Maria Hendry

STREET ADDRESS

1821 Nimura Road

CITY

Holtville

STATE

CA

ZIP CODE

92250

AREA CODE/DAYTIME PHONE NUMBER

760 562-7623

OPTIONAL: FAX / E-MAIL ADDRESS

hendry.lucy@yahoo

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

1 COE Trustee Area V

JURISDICTION (LOCATION)

Imperial

DISTRICT NUMBER  
(IF APPLICABLE)

5

**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
n/a		
n/a		

**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

August 2, 2024

DATE

By

Lucy Maria Hendry

SIGNATURE OF OFFICEHOLDER OR CANDIDATE