

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

<b>Registrar of Voters</b>  AUG 07 2024  Imperial County	CALIFORNIA FORM <b>470</b>
	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)  _____ _____
---	---

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Alejandro Aviña

STREET ADDRESS  
Calexico

CITY STATE ZIP CODE  
Ca. 92231

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
760-577-2039

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
CUSD Board of Trustees

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Calexico

**4. Committee Information**

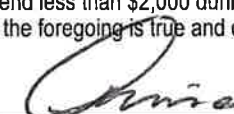
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 8-5-24  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE