

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

**Registrar
of Voters**

AUG 05 2024

**Imperial
County**

**CALIFORNIA
FORM 470**

For Official Use Only

<p style="text-align: center; font-size: small;">Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center; font-size: large; font-family: cursive;">11-05-24</p>	<p style="text-align: center; font-size: small;">Amendment (Explain Below)</p> <hr/> <hr/>
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Nicholas P Aguirre

STREET ADDRESS
480 West B St

CITY
Brawley, STATE
CA ZIP CODE
92227

AREA CODE/DAYTIME PHONE NUMBER
760-412-0773

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
BOARD MEMBER PIONEER MEMORIAL (H)

JURISDICTION (LOCATION)
Imperial

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

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 08-05-24
DATE

By Nicholas Aguirre
SIGNATURE OF OFFICEHOLDER OR CANDIDATE