

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

Date Stamp
**Registrar
of Voters**

AUG 02 2024

Imperial
County

CALIFORNIA FORM	470
For Official Use Only	

Date of election if applicable: (Month, Day, Year) <div style="font-size: 1.5em; color: blue;">11/05/2024</div>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Roberto A. Garcia

STREET ADDRESS
2251 McConnell Road

CITY STATE ZIP CODE
El Centro CA 92243

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
760-427-8540 rgarcia@musdk8.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Trustee

JURISDICTION (LOCATION) <u>Meadows Union School District</u>	DISTRICT NUMBER (IF APPLICABLE)
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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 08/02/2024
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE