

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="font-size: 1.2em; font-weight: bold;">NOV. 5, 2024</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>
--	--

*Registrar
of Voters*

JUL 30 2024

**Imperial
County**

**CALIFORNIA
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Timothy A. Morales

STREET ADDRESS
401 E. California street CA 92233

CITY STATE ZIP CODE
Calipatria CA 92233

AREA CODE/DAYTIME PHONE NUMBER
760-562-9422

OPTIONAL: FAX / E-MAIL ADDRESS
timothy.morales@rocketmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Trustees

JURISDICTION (LOCATION)
Calipatria unified school

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 7/30/24 DATE

By Timothy Morales SIGNATURE OF OFFICEHOLDER OR CANDIDATE