Officeholder and Candidate Campaign Statement – Short Form				CALIFORNIA 17	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL 3 1 2024	FORM 470 For Official Use Only
		11/05/2024		Imperial County	
1.	Statement Covers Calendar Year 20 2	•		<b>,</b>	
2.	Officeholder or Candidate Information		3. Office Sought or Hel	d	
	NAME OF OFFICEHOLDER OR CANDIDATE  RITHUNU SAMA	Calipatha School Board			
	STREET ADDRESS 461 Mesa Verde Road,	CA 92233	JURISDICTION (LOCATION)	Imperal County	DISTRICT NUMBER (IF APPLICABLE)
	CULIPAYTY Q 740-675-560 AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE  U  OPTIONAL: FAX / E-MAIL ADDRESS	<del></del>	, ,	
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 use 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 30 202	Ву	SIGNATURE OF OFFICEHOLDER OR CANDID.	ATE.	
	DATE				