

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

Date of election if applicable:  
(Month, Day, Year)  
NOV 05 2024

**Amendment** (Explain Below)

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 24 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Marcela Garcia Mendoza

STREET ADDRESS

2925 Sandalwood Ct.

CITY

El Centro

STATE

CA

ZIP CODE

92243

AREA CODE/DAYTIME PHONE NUMBER

(760) 554-1000

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

McCabe Union Elementary School District Trustee

JURISDICTION (LOCATION)

Imperial County

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

7/29/2024

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE