Officeholder and Candidate Campaign Statement – Short Form				CALIFORNIA 470		
				- 0, 10,618	FORM 4/U	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL 3 1 2024	For Official Use Only	
		11/5/2024		Imperial County		
1.	Statement Covers Calendar Year 20 24			County		
2.	Officeholder or Candidate Information 3. Office Sought or Held					
	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD					
Alce Hendry STREET ADDRESS Mc Cabe School JURISDICTION (LOCATION)				on Board		
	,		JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
	197 Charles Elmore Ve.	STATE ZIP CODE	_			
	197 Charles Elmore Dr. Et Centre (A 92343 AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS				
	760.977.9518					
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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				
— 5.	Verification					
V.	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						
	DATE SIGNATURE OF OFFICEHOLDER OR CANDIDATE					