

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

**Registration
of Voters**

CALIFORNIA
FORM

470

For Official Use Only

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

Nov/5/2024

Amendment (Explain Below)

AUG 07 2024

Imperial
County

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Edgar Hervera

STREET ADDRESS

1162 Fairfield Way

CITY

Heber

STATE

CA

ZIP CODE

92249

AREA CODE/DAYTIME PHONE NUMBER

760-675-2551

OPTIONAL: FAX / E-MAIL ADDRESS

edgarofheber@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Heber Elementary School District

JURISDICTION (LOCATION)

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 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.

8/7/24

Executed on

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

