

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>11/05/24</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p><b>Registrar</b> <small>Large Print</small> <b>of Voters</b></p> <p><b>AUG 08 2024</b></p> <p><b>Imperial County</b></p>	<p><b>CALIFORNIA</b> <b>FORM</b> <b>470</b></p> <p><small>For Official Use Only</small></p>

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE: Jared A. Barrow  
 STREET ADDRESS: 2295 Highline Rd  
 CITY: Holtville STATE: CA ZIP CODE: 92250  
 AREA CODE/DAYTIME PHONE NUMBER: (760) 562-4254 OPTIONAL: FAX / E-MAIL ADDRESS:

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD: Just Board of Trustees  
 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 08/08/24 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE