


Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) <u>11/15/2024</u>	<input type="checkbox"/> Amendment (Explain Below)	 AUG 08 2024 Imperial County	CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
USA Aguerro

STREET ADDRESS
662 Quack Rd

CITY
Winterhove STATE
CA ZIP CODE
92283

AREA CODE/DAYTIME PHONE NUMBER
9282 581-6924 OPTIONAL FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
San Pasqua Valley

JURISDICTION (LOCATION)
Unified School Board of Trustees

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 8/8/2024 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE