

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

**Registrar
of Voters**

Date of election if applicable: (Month, Day, Year) <u>11.5.24</u>	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp AUG 05 2024 Imperial County	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 _____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: MARIO LOPEZ
 STREET ADDRESS: 162 E. 1ST ST. WESTMORELAND, CA 92281
 CITY: WESTMORELAND STATE: CA ZIP CODE: 92281
 AREA CODE/DAYTIME PHONE NUMBER: (760) 455-4026 OPTIONAL: FAX / E-MAIL ADDRESS: mario.lopez5140@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD: WARD BOARD MEMBER JURISDICTION (LOCATION): WESTMORELAND
 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 AUGUST 4, 2024 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE