

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

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

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Catalina Blunck-Santillan

STREET ADDRESS: 802 Chaparral Ct

CITY: CA STATE: CA ZIP CODE: 92227

AREA CODE/DAYTIME PHONE NUMBER: 760-455-0211 OPTIONAL: FAX / E-MAIL ADDRESS: \_\_\_\_\_

3. Office Sought or Held

OFFICE SOUGHT OR HELD: \_\_\_\_\_

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 Aug, 8, 2024 DATE

By Catalina Blunck-Santillan SIGNATURE OF OFFICEHOLDER OR CANDIDATE