

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

Date of election if applicable: (Month, Day, Year) <u>11/5/24</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	AUG 09 2024 Imperial County	For Official Use Only CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 _____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Yolanda Tabarez

STREET ADDRESS
57 W. Pheasant St.

CITY
Heber STATE
CA. ZIP CODE
92249

AREA CODE/DAYTIME PHONE NUMBER
(760) 235-6590 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Trustee

JURISDICTION (LOCATION)
El Centro

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 8-9-24 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE