

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

Date of election if applicable:
(Month, Day, Year)

11/5/24

Amendment (Explain Below)

**Register
of Voters**

AUG 09 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
1792 S. 23rd St

STREET ADDRESS
El Centro

CITY CA 92523

STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER 760-604-6286

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
El Centro Elementary School District

JURISDICTION (LOCATION)
Imperial

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 Margaret J. Jones
SIGNATURE OF OFFICEHOLDER OR CANDIDATE