


Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year) November 05, 2024	<input type="checkbox"/> Amendment (Explain Below) _____ _____	 <p>AUG 09 2024</p> <p>Imperial County</p>	<p>CALIFORNIA 470</p> <p>For Official Use Only</p>

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michael J. Luellen II

STREET ADDRESS
530 South Park Avenue

CITY
Calipatria

STATE
CA

ZIP CODE
92233

AREA CODE/DAYTIME PHONE NUMBER
(760) 623-3590

OPTIONAL: FAX/ E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Imperial Community College Board of Trustees

JURISDICTION (LOCATION)
County of Imperial

DISTRICT NUMBER (IF APPLICABLE)
Area 6

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
N/A	N/A	N/A
N/A	N/A	N/A

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 09, 2024 DATE

By Michael J. Luellen II SIGNATURE OF OFFICEHOLDER OR CANDIDATE