


**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) _____ _____	 <b>AUG 13 2024</b> <b>Imperial</b> <b>County</b>	CALIFORNIA FORM <b>470</b> For Official Use Only

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Karla Delgadillo

STREET ADDRESS  
1154 McDaniel Rd

CITY  
Winterhaven STATE  
CA ZIP CODE  
92283

AREA CODE/DAYTIME PHONE NUMBER  
808.2109.9398 OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
San Pasqual Valley Unified School Board

JURISDICTION (LOCATION)  
Winterhaven 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
<u>N/A</u>		

**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 08.13.24  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE