


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

Date of election if applicable: (Month, Day, Year) <u>11/05/2024</u>	<input type="checkbox"/> Amendment (Explain Below)	 Date Stamp REGISTRAR of Voters AUG 08 2024 Imperial County	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Mattias Hester
 STREET ADDRESS: 760 Circle Drive
 CITY: Holtville STATE: Ca ZIP CODE: 92250
 AREA CODE/DAYTIME PHONE NUMBER: 760-455-9780 OPTIONAL FAX / E-MAIL ADDRESS:

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Holtville Unified School District Board of Trustees
 JURISDICTION (LOCATION):
 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
NONE	NONE	NONE
NONE	NONE	NONE

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 8/07/2024 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE