

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

REGISTRAR of Voters AUG 06 2024 Imperial County	CALIFORNIA FORM 470 <small>For Official Use Only</small>
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Date of election if applicable: <small>(Month, Day, Year)</small> <u>Nov 5, 2024</u>	<input type="checkbox"/> Amendment <small>(Explain Below)</small>
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>DAVID P REAGLE</u>	
STREET ADDRESS <u>2322 MONTEREY AVE,</u>	
CITY <u>SALTON CITY</u>	STATE ZIP CODE <u>CA 92274</u>
AREA CODE/DAYTIME PHONE NUMBER <u>760 977 7145</u>	
OPTIONAL: FAX / E-MAIL ADDRESS	

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>DIRECTOR SALTON COMMUNITY SERVICE DIST.</u>	DISTRICT NUMBER <small>(IF APPLICABLE)</small>
JURISDICTION (LOCATION)	

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 August 6, 2024 DATE

By David Reagle SIGNATURE OF OFFICEHOLDER OR CANDIDATE