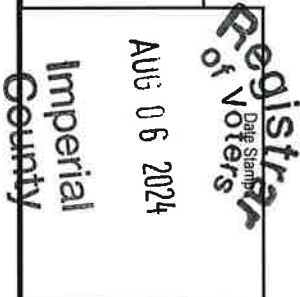


**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable: (Month, Day, Year) 11/5/2024	<input type="checkbox"/> Amendment (Explain Below)		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
 Fabiola Calderon
 STREET ADDRESS
 339 E. 5th Street Apt. B
 CITY
 Calexico
 STATE
 CA
 ZIP CODE
 92231
 AREA CODE/DAYTIME PHONE NUMBER
 626-560-7393
 OPTIONAL: FAX / E-MAIL ADDRESS
 fcalderon918@hotmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 School Board Trustee
 JURISDICTION (LOCATION)
 Imperial County (Calexico)

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 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 8/2/2024 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE