

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

CALIFORNIA FORM 470
For Official Use Only

**Registrar
of Voters**

SEP 26 2024

**Imperial
County**

Amendment (Explain Below)

Date of election if applicable:
(Month, Day, Year)

11/5/2024

1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Larry Iken

STREET ADDRESS
2327 Melon Rd Holtrille Ca,

CITY
Imperial County

STATE
Ca.

ZIP CODE
92250

AREA CODE/DAYTIME PHONE NUMBER
760-790-6432

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Holtrille Unified School District Trustee

JURISDICTION (LOCATION)
Imperial County

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 9/26/2024 DATE

By Larry Iken SIGNATURE OF OFFICEHOLDER OR CANDIDATE