

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

CALIFORNIA
FORM

470

For Official Use Only

**Registrar
of Voters**

SEP 30 2024

**Imperial
County**

Amendment (Explain Below)

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

11/05/2024

1. Statement Covers Calendar Year 20 _____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

BETHAM EGARCIA

STREET ADDRESS

23 EAST MAIN STREET

CITY

HEBER

AREA CODE/DAYTIME PHONE NUMBER

760-604-2389

STATE ZIP CODE

CA 92249

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

HEBER ELEMENTARY SCHOOL BOARD DISTRICT

JURISDICTION (LOCATION)

COUNTY: HEBER

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
N/A	N/A	N/A
N/A	N/A	N/A

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 09/26/24

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

