

Officeholder and Candidate  
Campaign Statement –  
Short Form

CALIFORNIA  
FORM 470

For Official Use Only

Date Signed  
By: Erin 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 Isten

STREET ADDRESS

2327 Melon Rd Holtville, Ca. 92250

CITY

STATE

ZIP CODE

760-790-6432

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Holtville 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 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 9/26/2024  
DATE

By Larry Isten  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE