

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

CALIFORNIA
FORM 470

For Official Use Only

Registrar
of Voters

SEP 30 2024

Imperial
County

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

11/05/2024

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 _____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

BETHAM EEGARCA

STREET ADDRESS

23 EAST MAIN STREET

CITY

STATE

ZIP CODE

C.A

92249

AREA CODE/DAYTIME PHONE NUMBER

760-604-2389

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 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

By _____

DATE

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

