

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

Date Stamp Register of Voters SEP 23 2024 Imperial County	CALIFORNIA FORM 470 For Official Use Only
	Date of election if applicable: (Month, Day, Year) 11/5/2024

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Maria Teresa Morales
 STREET ADDRESS
1743 Alamo St, P.O. Box 491
 CITY
Seeley STATE
CA ZIP CODE
92273
 OPTIONAL: FAX / E-MAIL ADDRESS
(760) 235-9544

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Trustee (member)
 JURISDICTION (LOCATION)
Seeley Union School Dist.
 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
<u>N/A</u>		

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: El Centro, CA 9/23/24 DATE
 By: Maria Morales SIGNATURE OF OFFICEHOLDER OR CANDIDATE