

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

CALIFORNIA FORM 470
For Official Use Only

Date Stamp
**Registrar
of Voters**
SEP 24 2024
Imperial
County

Amendment (Explain Below)

Date of election if applicable:
(Month, Day, Year)
11-5-24

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Elsa Carlos

OFFICE SOUGHT OR HELD
Trustee (board)

JURISDICTION (LOCATION)
Seeley

DISTRICT NUMBER (IF APPLICABLE)

STREET ADDRESS
1713 Celia Castro St

CITY
7605625311

STATE
CA

ZIP CODE

OPTIONAL FAX / E-MAIL ADDRESS

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 9/24/2024 By [Signature]

DATE SIGNATURE OF OFFICEHOLDER OR CANDIDATE