

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

CALIFORNIA FORM 470
For Official Use Only

**Register
State Stamp
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 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ESTEBAN JARAMILLO

STREET ADDRESS
1840 W. MAIN ST. BOX 456

CITY STATE ZIP CODE
SEELEY CA 92273

AREA CODE/DAYTIME PHONE NUMBER
760-234-3688

OPTIONAL: FAX / E-MAIL ADDRESS
teacher.jaramillo@gmail.com

OFFICE SOUGHT OR HELD
SEELEY COUNTY WATER DISTRICT

JURISDICTION (LOCATION)
SEELEY CALIFORNIA

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>NONE</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 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 SEPT. 21, 2024 DATE
By Esteban Jaramillo SIGNATURE OF OFFICEHOLDER OR CANDIDATE