

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

CALIFORNIA
FORM **470**

For Official Use Only

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

11-05-2024

Amendment (Explain Below)

registrars
Date Stamp
SEP 25 2024

Imperial
County

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

DAVID P REAGLE

STREET ADDRESS

PO BOX 5307

CITY

SALTON CITY

AREA CODE/DAYTIME PHONE NUMBER

760-977-7145

STATE ZIP CODE

C.A

92275

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

DIRECTOR

JURISDICTION (LOCATION)

SALTON COMMUNITY SERVICE DISTRICT

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 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.

SEPTTEMBER 25, 2024

Executed on

DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE