

Officeholder Candidate
Campaign Statement -
Short Form

CALIFORNIA
FORM 470

For Official Use Only

Date Stamped
Rec. of Voters

SEP 26 2024

Imperial
County

Amendment (Explain Below)

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

11/5/2024

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Ernesto Gutierrez

STREET ADDRESS

5 Dove Ct

CITY

Heber

STATE

CA

ZIP CODE

92249

AREA CODE/DAYTIME PHONE NUMBER

760-604-8555

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Heber Public Utility District

JURISDICTION (LOCATION)

Board of Directors

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 | | |

5. Verification

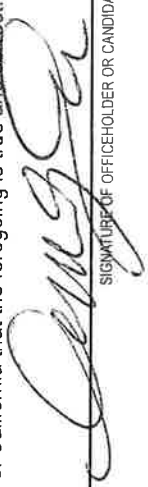
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

9/16/2024

Executed on

DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE