

Officeholder and Candidate
Campaign Statement –
Short Form

Registrar of Voters	CALIFORNIA FORM 470
	For Official Use Only
AUG 09 2024	
Imperial County	

☐ Amendment (Explain Below)

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

11/5/2024

1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Arian B Fickel

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Director Palo Verde Water District

JURISDICTION (LOCATION)

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.

Executed on 8/9/2024

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE