

Officeholder and Candidate
Campaign Statement --
Short Form

CALIFORNIA FORM 470 For Official Use Only	
Pre-Signed By the State of Voters	SEP 26 2024 Imperial County
Date of election if applicable: (Month, Day, Year) 11/5/2024	☐ Amendment (Explain Below)

1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE [Redacted]	
STREET ADDRESS [Redacted]	
CITY [Redacted]	STATE CA ZIP CODE 92506
AREA CODE/DAYTIME PHONE NUMBER [Redacted]	
OPTIONAL: FAX / E-MAIL ADDRESS [Redacted]	

3. Office Sought or Held

OFFICE SOUGHT OR HELD Holtville Unified School District Trustee	DISTRICT NUMBER (IF APPLICABLE)
JURISDICTION (LOCATION) Imperial County	

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 9/26/2024 DATE
By [Redacted] SIGNATURE OF OFFICEHOLDER OR CANDIDATE