Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Registrar of Voters Date Stamp SEP 30 2024 Imperial County	CALIFORNIA FORM 470 For Official Use Only
11/05/2024			

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ESTEBAN JARAMILLO

STREET ADDRESS
[redacted]

CITY STATE ZIP CODE
[redacted]

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

3. Office Sought or Held

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
NONE		

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 [redacted]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE