

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

<input checked="" type="checkbox"/> <b>Amendment</b> (Explain Below)
Expenditures exceeded \$2,000.00
Personal funds exceeded \$2,000.00

Date Stamp  
*Registrar  
of Voters*

DEC 30 2024

**Imperial  
County**

CALIFORNIA  
FORM **470**  
SUPPLEMENT

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Romualdo Medina

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

same

**2. Office Sought**

OFFICE SOUGHT

Imperial Community College District

DISTRICT NUMBER  
(IF APPLICABLE)

Area 6

DATE OF ELECTION (MONTH, DAY, YEAR)

November 5, 2024

**3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

October 1, 2024

(MONTH, DAY, YEAR)