

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

*Registrar  
of Voters*  
Date Stamp  
**MAR 04 2026**  
*Imperial  
County*

<b>CALIFORNIA FORM</b>	<b>470</b>
For Official Use Only	

Date of election if applicable: (Month, Day, Year)  <u>6/2/2026</u>	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____
--	---

1. Statement Covers Calendar Year 20 \_\_\_\_ .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
KARINA B ALVAREZ

STREET ADDRESS  
[REDACTED]

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AREA CODE/DAYTIME PHONE NUMBER \_\_\_\_\_ OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
AUDITOR-CONTROLLER

JURISDICTION (LOCATION) <u>IMPERIAL COUNTY</u>	DISTRICT NUMBER (IF APPLICABLE) <u>N/A</u>
---	--

**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
<u>Karina B Alvarez For Auditor-Controller 2026</u>	[REDACTED]	<u>Karina B Alvarez</u>

**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 3/4/2026 \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____  _____
---

Date Stamp
------------

<b>CALIFORNIA FORM</b>	<b>470 SUPPLEMENT</b>
For Official Use Only	

SEE INSTRUCTIONS ON REVERSE

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

STREET ADDRESS

CITY STATE ZIP CODE

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

**2. Office Sought**

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

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

\_\_\_\_\_  
(MONTH, DAY, YEAR)