Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
11.3.26		Registrar of Voters AUG 07 2026 Imperial County	For Official Use Only

1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

Graciela Lopez Zarzeta — NAME OF OFFICEHOLDER OR CANDIDATE

[redacted] — STREET ADDRESS

[redacted] — CITY / STATE / ZIP CODE

[redacted] — OPTIONAL: FAX / E-MAIL ADDRESS

Office Sought or Held: Salton Community Service District — OFFICE SOUGHT OR HELD

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 OI 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 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 [redacted] d correct

Executed on 8.7.26 (DATE)

By [redacted] R OR CANDIDATE