Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable (Month, Day, Year)	☐ Amendment (Explain Below)	(Date Stamp)	CALIFORNIA FORM 470
11-03-2026		Registrar of Voters AUG 07 2026 Imperial County	For Official Use Only

1. Statement Covers Calendar Year 20 26.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Manuel I. Rivera

STREET ADDRESS: 57 W. ROCKING HORSE DR

CITY: HEBER STATE: 92249 ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER: 760-562-2242 OPTIONAL FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD: HEBER ELEMENTARY SCHOOL

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 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 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 8/7/26 (DATE) By (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)