Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
NOV. 3, 2026		Registrar of Voters OCT 22 2026 Imperial County	For Official Use Only

1. **Statement Covers Calendar Year 20** 26.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Eddie N. Hernandez

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

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
Committee to Elect Eddie N Hernandez for ECESD Board Member	[redacted]	Carmen K. Hernandez

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 October 22, 2026
DATE

By [redacted]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE