

Officeholder and Candidate  
Campaign Statement -  
Short Form

Date of election if applicable: (Month, Day, Year) 10-5-18	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp <b>RECEIVED</b> MAR 09 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	<b>CALIFORNIA FORM 470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>ROBEN CASARZ</u>		OFFICE SOUGHT OR HELD <u>110 DIRECTOR</u>	
STREET ADDRESS <u>1200 Rodero Dr</u>		JURISDICTION (LOCATION) <u>IMPERIAL County</u>	
CITY <u>IMPERIAL</u>	STATE <u>CA</u>	ZIP CODE <u>92251</u>	DISTRICT NUMBER (IF APPLICABLE) <u>5</u>
AREA CODE/DAYTIME PHONE NUMBER <u>701 334 0037</u>		OPTIONAL: FAX / E-MAIL ADDRESS	

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>ROBEN CASARZ</u>	<u>1200 Rodero Dr B12</u>	<u>701 334 0037</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 3-9-18 DATE  
By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

# Candidate Intention Statement

Check One:  Initial

Amendment (Explain) \_\_\_\_\_

Date Stamp <b>RECEIVED</b> MAR 09 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	<b>CALIFORNIA 501</b> FORM For Official Use Only
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) CASARZ RUBEN DAYTIME TELEPHONE NUMBER (705) 334 0037 FAX NUMBER (optional) \_\_\_\_\_ E-MAIL (optional) \_\_\_\_\_  
~~STREET ADDRESS~~ 1200 Rodeo Dr CITY R12 STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 OFFICE SOUGHT (POSITION TITLE) Director AGENCY NAME Imperial Municipal District DISTRICT NUMBER, if applicable: 5 PARTY:  NON-PARTISAN  
 OFFICE JURISDICTION  
 State (Complete Part 2)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_ (Year of Election) 2018

## 2. State Candidate Expenditure Limit Statement:

(CALIFERS and CALSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

2018 Primary/general election \_\_\_\_\_ Special/runoff election \_\_\_\_\_  
 (Year of Election) (Year of Election)

- (Check one box)
- I accept the voluntary expenditure ceiling for the election stated above.
  - I do not accept the voluntary expenditure ceiling for the election stated above.  
 Amendment:  
 I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_/\_\_\_/\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)  
 On \_\_\_/\_\_\_/\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3-9-18 Signature \_\_\_\_\_  
 (month, day, year) (Candidate)