

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

Registrar
of Voters
Date Stamp

CALIFORNIA
FORM **470**

Date of election if applicable:
(Month, Day, Year)
11-5-24

Amendment (Explain Below)

JUL 19 2024
**Imperial
County**

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Kathy Prior
STREET ADDRESS
202 W. "B" STV.
CITY STATE ZIP CODE
Brawley CA 90227
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
760-427-2864

3. Office Sought or Held

OFFICE SOUGHT OR HELD
BESD-trustee
JURISDICTION (LOCATION) DISTRICT NUMBER
Brawley, (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 11-5-24
DATE

By Kathy Prior
SIGNATURE OF OFFICEHOLDER OR CANDIDATE