

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

**Registrar
of Voters**

JUL 15 2024

**Imperial
County**

CALIFORNIA FORM 470
For Official Use Only

Date of election if applicable: (Month, Day, Year) <div style="text-align: center; font-size: 1.2em;">11/8/2024</div>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Prisilla Qyan

STREET ADDRESS
1855 Cannon Rd

CITY CA STATE CA ZIP CODE 92243

AREA CODE/DAYTIME PHONE NUMBER 760 996 5055 OPTIONAL: FAX / E-MAIL ADDRESS prissqyan83@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Trustee

JURISDICTION (LOCATION) Meadows

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 7/15/24 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE