

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Registrar of Voters
Date Initial Filing Received
Filing Official Use Only
JUL 23 2024

Imperial
County

Please type or print in ink.

NAME OF FILER (LAST) Prior (FIRST) Kathy (MIDDLE) _____

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Brawley Elementary School District - Board Member
Division, Board, Department, District, if applicable _____ Your Position _____

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____
- County of _____
- City of Brawley
- Other School District

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2023, through December 31, 2023.
- Leaving Office:** Date Left _____ (Check one circle.)
- or-
- The period covered is _____, through December 31, 2023.
- The period covered is January 1, 2023, through the date of leaving office.
- or-
- Assuming Office:** Date assumed _____
- The period covered is _____, through the date of leaving office.
- Candidate:** Date of Election 11-5-2024 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
202 W. B Street Brawley, Ca 92227

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(760) 427-2864 Kprior@besd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 7-21-24
(month, day, year)

Signature Kathy Prior
(File the originally signed paper statement with your filing official.)

Registrar
of Voters
JUL 23 2024
Imperial
County

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Kathy Fior

▶ NAME OF BUSINESS ENTITY
CVB

GENERAL DESCRIPTION OF THIS BUSINESS
banking institution

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
aiet

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
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(Describe)
 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/23 ____/____/23
ACQUIRED DISPOSED

Comments: _____

JUL 23 2024

Imperial County

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST Name: None Address: (Business Address Acceptable) Check one: [] Trust, go to 2 [] Business Entity, complete the box, then go to 2 GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE: [] \$0 - \$1,999 [] \$2,000 - \$10,000 [] \$10,001 - \$100,000 [] \$100,001 - \$1,000,000 [] Over \$1,000,000 IF APPLICABLE, LIST DATE: ACQUIRED: / / 23 DISPOSED: / / 23 NATURE OF INVESTMENT: [] Partnership [] Sole Proprietorship [] Other YOUR BUSINESS POSITION:

1. BUSINESS ENTITY OR TRUST Name: Address: (Business Address Acceptable) Check one: [] Trust, go to 2 [] Business Entity, complete the box, then go to 2 GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE: [] \$0 - \$1,999 [] \$2,000 - \$10,000 [] \$10,001 - \$100,000 [] \$100,001 - \$1,000,000 [] Over \$1,000,000 IF APPLICABLE, LIST DATE: ACQUIRED: / / 23 DISPOSED: / / 23 NATURE OF INVESTMENT: [] Partnership [] Sole Proprietorship [] Other YOUR BUSINESS POSITION:

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) [] \$0 - \$499 [] \$500 - \$1,000 [] \$1,001 - \$10,000 [] \$10,001 - \$100,000 [] OVER \$100,000

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) [] \$0 - \$499 [] \$500 - \$1,000 [] \$1,001 - \$10,000 [] \$10,001 - \$100,000 [] OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) [] None or [] Names listed below

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) [] None or [] Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: [] INVESTMENT [] REAL PROPERTY Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE: [] \$2,000 - \$10,000 [] \$10,001 - \$100,000 [] \$100,001 - \$1,000,000 [] Over \$1,000,000 IF APPLICABLE, LIST DATE: ACQUIRED: / / 23 DISPOSED: / / 23 NATURE OF INTEREST: [] Property Ownership/Deed of Trust [] Stock [] Partnership [] Leasehold Yrs. remaining [] Other Check box if additional schedules reporting investments or real property are attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: [] INVESTMENT [] REAL PROPERTY Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE: [] \$2,000 - \$10,000 [] \$10,001 - \$100,000 [] \$100,001 - \$1,000,000 [] Over \$1,000,000 IF APPLICABLE, LIST DATE: ACQUIRED: / / 23 DISPOSED: / / 23 NATURE OF INTEREST: [] Property Ownership/Deed of Trust [] Stock [] Partnership [] Leasehold Yrs. remaining [] Other Check box if additional schedules reporting investments or real property are attached

Comments:

Registrar
of Voters

JUL 23 2024

Imperial
County

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
679 Sunset Dr.

CITY Brawley, Ca 92227

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED 1/23 DISPOSED 1/23

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold Other
Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
Ari Lujano

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
176 W. 'C' Str.

CITY Brawley, Ca 92227

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED 1/23 DISPOSED 1/23

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold Other
Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
Josue Tapia

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) NONE

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* Jack Hart

ADDRESS (Business Address Acceptable) Brandt Rd - Brawley,

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE 6% None TERM (Months/Years) 20 yrs.

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

Registrar
of Voters

JUL 23 2024

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SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Kathy Prior

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
BESD

ADDRESS (Business Address Acceptable)
2614 "D" Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Brawley Ca 92227

YOUR BUSINESS POSITION
School trustee

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

Other monthly stipend
(Describe)

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____
ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None
TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address _____
City _____

Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name,
Kathy Prior

- None -

<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr><td> </td><td>\$</td><td> </td></tr> <tr><td> </td><td>\$</td><td> </td></tr> <tr><td> </td><td>\$</td><td> </td></tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		\$			\$			\$		<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr><td> </td><td>\$</td><td> </td></tr> <tr><td> </td><td>\$</td><td> </td></tr> <tr><td> </td><td>\$</td><td> </td></tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		\$			\$			\$	
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Comments: _____

Registrar
of Voters

MAR 23 2024

Imperial
County

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Kathy Prior

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____