

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

<p>Date of election if applicable: (Month, Day, Year)</p>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	<p style="text-align: right;">Date Stamp</p> <p style="text-align: center; color: red; font-size: 1.2em;">AUG 07 2024</p> <p style="text-align: center; color: blue; font-size: 1.5em;">Imperial County</p>	<p style="text-align: center;">CALIFORNIA FORM 470</p> <p style="text-align: center; font-size: 0.8em;">For Official Use Only</p>
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1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Leslie Ann "Lee" Davis

STREET ADDRESS
602 Coyne Road

CITY STATE ZIP CODE
Imperial CA 92251

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
801-231-0998 LeeAnnDavisIV@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Imperial County Board of Education

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Area III

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 08/07/2024
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE