

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

**Registrar  
of Voters**

AUG 07 2024

Imperial  
County

**CALIFORNIA  
FORM 470**  
For Official Use Only

**Amendment** (Explain Below)

**Date of election if applicable:**  
(Month, Day, Year)

11/05/2024

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE: Josephine A. Hulse

STREET ADDRESS: 72 Red Hulse Hwy

CITY: CA STATE: CA ZIP CODE: 92246

AREA CODE/DAYTIME PHONE NUMBER: (607) 277-5128

OPTIONAL: FAX / E-MAIL ADDRESS: \_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD: \_\_\_\_\_

JURISDICTION (LOCATION): Imperial County

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 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: 08/17/2024 DATE

By: [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE