


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

Date of election if applicable: (Month, Day, Year) <u>Nov. 5, 2024</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	 AUG 05 2024 Imperial County	CALIFORNIA FORM <b>470</b> <small>For Official Use Only</small>
_____ _____			

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Darlene Barber Felton

STREET ADDRESS  
367 S E CA

CITY  
Westmoreland

STATE  
PA

ZIP CODE  
92281

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX/ E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Westmoreland Union School Board Trustee

JURISDICTION (LOCATION)

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 8/5/24  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE