


**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 06 2024 Imperial County	CALIFORNIA FORM 470 <small>For Official Use Only</small>
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE Siobran Cline
 STREET ADDRESS 1701 El Centro St.
 CITY Seelye STATE CA ZIP CODE 92273
 AREA CODE/DAYTIME PHONE NUMBER 760940-7347 OPTIONAL: FAX/ E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD _____
 JURISDICTION (LOCATION) Seelye Union SD #100101 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
<u>NONE</u>		
<u>NONE</u>		
<u>NONE</u>		

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 Aug 6 2024
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE