

Officeholder and Candidate Campaign Statement - Short Form

Date Stamp

Registrar of Voters

OCT 02 2024

Imperial County

CALIFORNIA FORM 470

For Official Use Only

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

11/05/2024

Amendment (Explain Below)

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

OFFICE SOUGHT OR HELD
Imperial County Office of Education - Area III / Board of Education

JURISDICTION (LOCATION)
Imperial County / Area III

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
N/A	N/A	N/A

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 10/01/2024 DATE
 By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

[Clear Form](#) [Print Form](#)