

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

CALIFORNIA  
FORM

470

For Official Use Only

Redist/Ar  
Date Stamp  
of Voters

Amendment (Explain Below)

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

Nov 5, 2024

SEP 25 2024

Imperial

County

**1. Statement Covers Calendar Year 20 24.**

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Audrey Noriega

STREET ADDRESS

226 Appalousa St

CITY

Brawley

STATE

CA

ZIP CODE

92207

AREA CODE/DAYTIME PHONE NUMBER

740-550-9774

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Brawley Union High School District

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

9/25/24

DATE

By

*[Signature]*

SIGNATURE OF OFFICEHOLDER OR CANDIDATE