

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

Date Stamp Registrar of Voters SEP 26 2024 Imperial County	CALIFORNIA FORM <b>470</b> For Official Use Only
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**Amendment** (Explain Below)

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

11-5-24

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE Kathy Prior

STREET ADDRESS 202 W. 4<sup>th</sup> B<sup>n</sup> Str.

CITY Brawley, Ca STATE Ca ZIP CODE 92227

AREA CODE/DAYTIME PHONE NUMBER 760-427-2864 OPTIONAL: FAX/E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD Brawley Elementary School Board - Trustee

JURISDICTION (LOCATION) Brawley

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 August 7, 2024 DATE

By Kathy Prior SIGNATURE OF OFFICEHOLDER OR CANDIDATE