

Officeholder and Candidate
Campaign Statement –
Short Form

Registrar of Voters	CALIFORNIA FORM	470
	For Official Use Only	
Date of election if applicable: (Month, Day, Year)		JUL 18 2024
Amendment (Explain Below)		Imperial
		County

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>Patricia A Burton</u>		OFFICE SOUGHT OR HELD <u>Seelye Elem-School Trustee</u>
STREET ADDRESS [REDACTED]		JURISDICTION (LOCATION) <u>Imperial</u>
CITY [REDACTED]	STATE [REDACTED]	DISTRICT NUMBER (IF APPLICABLE) <u>389208</u>
ZIP CODE [REDACTED]		
AREA CODE/DAYTIME PHONE NUMBER [REDACTED]		
OPTIONAL: FAX / E-MAIL ADDRESS [REDACTED]		

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 07/18/2024 DATE

SIGNATURE OF OFFICEHOLDER OR CANDIDATE