

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) 11/03/2026	☐ Amendment (Explain Below)
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Registrar of Voters JUL 22 2026 Imperial County	CALIFORNIA FORM 470
	For Official Use Only

1. Statement Covers Calendar Year 20 26.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Karla A. Sigmond

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member, Trustee Imperial Community College

JURISDICTION (LOCATION)

DISTRICT NUMBER

(IF APPLICABLE)

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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
Friends to Elect Karla A. Sigmond for IVC Board of Trustees 2026	[REDACTED]	Frances Beope [REDACTED]

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 7/22/26
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE