

Officeholder and Candidate
Campaign Statement –
Short Form

Date Stamp RECEIVED JUL 23 2024 Kings County Elections	CALIFORNIA FORM 470 For Official Use Only
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Date of election if applicable: (Month, Day, Year) <u>11/5/24</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 ____ .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Karen D Frey

STREET ADDRESS
[REDACTED] Stanley Ave

CITY Corcoran STATE CA ZIP CODE 93212

AREA CODE/DAYTIME PHONE NUMBER [REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS
nonafrey2@comcast.net

OFFICE SOUGHT OR HELD
Corcoran Hospital District Board Member

JURISDICTION (LOCATION) Corcoran 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
<u>None</u>	<u>—</u>	<u>—</u>

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 7/23/24 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE