

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

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CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA
FORM **470**
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11/08/2022

Amendment (Explain Below)
Termination Request.

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Francesca Gill

STREET ADDRESS
San

CITY
San Marino

AREA CODE/DAYTIME PHONE NUMBER
213-820-2281

STATE
CA

ZIP CODE
91108

OPTIONAL: FAX / EMAIL ADDRESS
francescagill@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION)
San Marino Unified School District

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>Committee to Elect Francesca Gill for Trustee of San Marino USD special election 021558</u>	<u>San Marino, CA 91108</u>	<u>Francesca Gill</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

Executed on [Signature] DATE 7/27/23 By _____ DATE _____