

Officeholder and Candidate  
Campaign Statement –  
Short Form

5724

<p>Date of election if applicable: (Month, Day, Year)</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp RECEIVED BY LOS ANGELES COUNTY 2/28/24 2024 MAR -1 AM 11:51 CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470 For Official Use Only 012904</p>
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE  
Gary Thomas Scott

STREET ADDRESS

CITY STATE ZIP CODE  
San Gabriel, CA 91775

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
818-439-2271 greats@aol.com

OFFICE SOUGHT OR HELD  
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
San Gabriel USD Los Angeles County

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>N/A</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the

ng the calendar year and that I have used correct.

Executed on January 23, 2024  
DATE

By \_\_\_\_\_  
OR CANDIDATE