

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

Date Stamp
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LOS ANGELES COUNTY
2023 AUG -2 AM 11:23
CAMPAIGN FINANCE

CALIFORNIA FORM 470
 For Official Use Only

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Gemie G. Kilburn

STREET ADDRESS

CITY STATE ZIP CODE
Pasadena CA 91107

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626/797-2422

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Kinross Irrigation Dist. Dist. 1 Board of Dir.

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
L.A.

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
NA		

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 Aug 2, 2023 DATE By _____ CANDIDATE