

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

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

Amendment (Explain Below)

Date Stamp
8/18/22 ①
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2022 AUG 22 AM 11:25
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
San Gabriel Unified School Dist.

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
L.A. 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 State of California that the information provided is true and correct for the calendar year and that I have used the information to the best of my knowledge.

Executed on Aug. 18, 2022
DATE

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DATE