

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

2/2/24 PE24  
Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2024 FEB -5 PM 3:47  
CAMPAIGN FINANCE

CALIFORNIA FORM **470**

For Official Use Only

020816-1

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 2024

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Mary Wells

STREET ADDRESS

CITY

BEVERLY HILL

AREA CODE/DAYTIME PHONE NUMBER

STATE

CA

ZIP CODE

90209

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Beverly Hills Unified School District

JURISDICTION (LOCATION)

City of Beverly Hills

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
Mary Wells for Beverly Hills City Council 2024	728 West Edna Plce, Covina, CA 91722	Yolanda Miranda

**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

Executed on 01/29/2024  
DATE

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