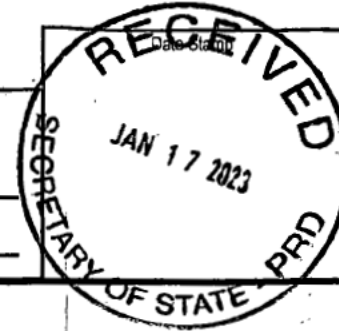


**Officeholder and Candidate  
Campaign Statement –  
Short Form**



CALIFORNIA FORM **470**  
For Official Use Only  
 LOS ANGELES COUNTY  
 2023 JAN 30 PM 2:44  
 CAMPAIGN FINANCE

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 22

**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 USA 91775

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS  
 8184392271 greats@aol.com

OFFICE SOUGHT OR HELD  
 Governing Board member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
 San Gabriel Unified School District

**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
none		

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the S

calendar year and that I have used

Executed on January 9, 2023  
DATE

By \_\_\_\_\_  
DATE