

Officeholder and Candidate
Campaign Statement –
Short Form

5724

Date of election if applicable: (Month, Day, Year) N/A	<input type="checkbox"/> Amendment (Explain Below) 2024 JUL 22 PM 2: 24	Date Stamp 07/20/2024 RECEIVED BY LOS ANGELES COUNTY CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 016604
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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
Jill M. Gaines

STREET ADDRESS

CITY STATE ZIP CODE
Calabasas CA 91302

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818.634.7503 JillGaines@Gmail.com

OFFICE SOUGHT OR HELD
Las Virgenes Unified School District Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LVUSD

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
N/A	N/A	N/A

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 July 19, 2024
DATE

By _____