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2024 JUL 29 PM 1:57

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
NOV 5, 2024	

Date Stamp CAMPAIGN	CALIFORNIA FORM 470 For Official Use Only 021558
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1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
GILL, FRANCESCA M

STREET ADDRESS

CITY STATE ZIP CODE  
SAN MARINO CA 91108

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
213-820-2281 FRANCESCAMGILL@GMAIL.COM

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
GOVERNING BOARD MEMBER

JURISDICTION (LOCATION) SAN MARINO UNIFIED SCHOOL DISTRICT	DISTRICT NUMBER (IF APPLICABLE)
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**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 \$2,000 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 C

Executed on JULY 23, 2024  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE