

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

5724

07/19/2024

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

11-06-2018

Amendment (Explain Below)
2024 JUL 22 PM 2:20
CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 _____

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Donna Georgino
STREET ADDRESS

CITY STATE ZIP CODE
Temple City CA 91780
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
6262868637

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Temple City Unified Governing Board
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Temple City Unified School District 5

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		

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 _____
CANDIDATE