

Officeholder and Candidate
Campaign Statement –
Short Form

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Date Stamp

CALIFORNIA
FORM 470

For Official Use Only

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

☐ Amendment (Explain Below)

2022 OCT 11

CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

MICHAEL GEORGIA

STREET ADDRESS

CITY

SOUTH EL MONTE

CA

STATE

ZIP CODE

91733

AREA CODE/DAYTIME PHONE NUMBER

818-209-4967

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

EL MONTE UNION HIGH SCHOOL DISTRICT 5

JURISDICTION (LOCATION)

EL MONTE / S EL MONTE

DISTRICT NUMBER
(IF APPLICABLE)

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

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

10/3/2022

DATE

By

OFFICEHOLDER OR CANDIDATE