

Officeholder and Candidate
Campaign Statement –
Short Form

8/3/21 EMAIL
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Date Stamp
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LOS ANGELES COUNTY
2021 AUG -4 PM 5: 04
CAMPAIGN FINANCE
CALIFORNIA FORM 470
For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Gary Thomas Scott

STREET ADDRESS

CITY STATE ZIP CODE
San Gabriel CA 91775

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
San Gabriel Unified School District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Trustee, Board of Education

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 \$ _____ 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 information provided in this statement is true and correct.

and that I have used

Executed on July 26, 2021
DATE

By _____