

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

5723

7/22/23 (1)
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CAMPAIGN FINANCE
DISCLOSURE SECTION

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Cheryl A. Shellhart

STREET ADDRESS

CITY STATE ZIP CODE
San Gabriel CA 91775

AREA CODE/DAYTIME PHONE NUMBER
626-656-5563

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION)
San Gabriel Unified School

DISTRICT NUMBER (IF APPLICABLE)

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
<u>None</u>		

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 7-20-23 DATE

By _____ NOTE