

5722

Officeholder and Candidate
Campaign Statement -
Short Form

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

N/A

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
3 08/24/2022
2022 AUG 26 AM 11:22
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michael A. Killackey, Esq.
STREET ADDRESS

CITY STATE ZIP CODE
San Marino California 91108
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(626) 215-5577 mike4smusd@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
San Marino Unified School District

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	N/A	NA

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 8/24/2022
DATE

By _____