

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

*Uxm*  
Date Stamp

0218

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

November 8, 2022

Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Mackenzie Marie Brown

STREET ADDRESS

CITY

San Marino

AREA CODE/DAYTIME PHONE NUMBER

316-304-1945

STATE

CA

ZIP CODE

91108

OPTIONAL: FAX / E-MAIL ADDRESS

mackenbrown@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

San Marino Unified School District School Board

JURISDICTION (LOCATION)

San Marino, CA

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

**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 09/27/2022  
DATE

By Mackenzie B  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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