

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

①

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

N/A

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jill M. Gaines

STREET ADDRESS

CITY

Calabasas

AREA CODE/DAYTIME PHONE NUMBER

818.634.7503

STATE

CA

OPTIONAL: FAX / E-MAIL ADDRESS

JillGaines@gmail.com

ZIP CODE

91302

3. Office Sought or Held

OFFICE SOUGHT OR HELD

School Board Member, Las Virgenes Unified School District

JURISDICTION (LOCATION)

LVUSD

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
N/A- Appointed		

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 July 6, 2023
DATE

By _____