

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

5724

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

Amendment (Explain Below)

Date Stamp  
swy  
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**CALIFORNIA FORM 470**  
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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Cheryl A. Shellhart

STREET ADDRESS

CITY STATE ZIP CODE  
San Gabriel CA 91775

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626-222-6720 N/A

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Board of Trustees

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
San Gabriel Unified

**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>N/A</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 7-15-24 DATE

By \_\_\_\_\_ DATE