

Campaign Statement –
Short FormDate of election if applicable:
(Month, Day, Year)

11-6-2018

☐ Amendment (Explain Below)

Date Stamp

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2023 JUL 20 PM 2: 23

CALIFORNIA
FORM

For Official Use Only

CAMPAIGN FINANCE
DISCLOSURE SECTION1. Statement Covers Calendar Year 20 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Donna Georgino

STREET ADDRESS

CITY

Temple City

AREA CODE/DAYTIME PHONE NUMBER

6262868637

STATE

CA

ZIP CODE

91780

OPTIONAL: FAX / E-MAIL ADDRESS

donnageorgino@sbcglobal.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Temple City Unified Governing Board

JURISDICTION (LOCATION)

Temple City Unified School District

DISTRICT NUMBER
(IF APPLICABLE)

5

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

n/a

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 July 18, 2023

DATE

By, _____

OFFICEHOLDER OR CANDIDATE