

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

7/26/21 (1)

Date of election if applicable:
(Month, Day, Year)
3/3/20

Amendment (Explain Below)

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2021 JUL 28 PM 2:33 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Maureen Chin
STREET ADDRESS

CITY STATE ZIP CODE
626-757-8645 mreenc@hotmail.com
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Garvey School District Governing Board Member
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Rosemead

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>Maureen Chin 84-4344911</u>	<u>San Gabriel, CA 91776</u>	<u>Andy Masmela</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 7/26/21
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE