

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

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

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**Amendment** (Explain Below)

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Date Stamp 10/5/22	<b>CALIFORNIA FORM 470</b>
RECEIVED LOS ANGELES COUNTY	For Official Use Only
2022 OCT -7 PM 4:06	021405
CAMPAIGN FINANCE	

**1. Statement Covers Calendar Year 20** 22 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Gina Chi

STREET ADDRESS

CITY STATE ZIP CODE  
San Gabriel CA 91775

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626.400.7563

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
San Gabriel Unified School District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
County

**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		

**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 October 4th, 2022  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE