

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

7/19/23 (3)

<small>Date Stamp</small>	RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 470
	2023 JUL 21 PM 2:16	<small>For Official Use Only</small>
	CAMPAIGN FINANCE DISCLOSURE SECTION	

<small>Date of election if applicable: (Month, Day, Year)</small>	<input type="checkbox"/> Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Gina Chi

STREET ADDRESS

CITY

STATE San Gabriel, CA ZIP CODE 91775

AREA CODE/DAYTIME PHONE NUMBER (626) 400-7563

OPTIONAL: FAX / E-MAIL ADDRESS mospgina@yahoo.com

OFFICE SOUGHT OR HELD
San Gabriel Unified School District Governing Board Mem

JURISDICTION (LOCATION) LA County

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		

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 7/17/2023
DATE