Officeholder and Candidate Campaign Statement – Short Form

CALIFORNIA FORM 470

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

☐ **Amendment** (Explain Below)

For Official Use Only

1. Statement Covers Calendar Year 20 _21_.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Julie Chan Lin

STREET ADDRESS

CITY *San Marino*   STATE *CA*   ZIP CODE *91108*

AREA CODE/DAYTIME PHONE NUMBER
626-627-7831

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
San Marino Unified School District

JURISDICTION (LOCATION)
Los Angeles 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

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 _Sept 10, 2021_   DATE   By _____