

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

8/11/21 (1)

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED BY LOS ANGELES COUNTY 2021 AUG 25 PM 2: 50 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
GARY CHOW

STREET ADDRESS _____

CITY STATE ZIP CODE
WALNUT CA 91789

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
MT SAN ANTONIO COLLEGE TRUSTEE

JURISDICTION (LOCATION) <u>LOS ANGELES COUNTY</u>	DISTRICT NUMBER (IF APPLICABLE) <u>AREA 2</u>
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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
GARY CHOW FOR MT SAN ANTONIO COLLEGE TRUSTEE AREA 2 2018 - 1410030	WALNUT, CA 91789	GARY CHOW

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 31, 2021
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE