

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

7/23/23 ①

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

**Amendment** (Explain Below)

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**CALIFORNIA  
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 23

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

GARY CHOW

STREET ADDRESS

CITY

WALNUT

AREA CODE/DAYTIME PHONE NUMBER

626 806-1746

STATE

CA

ZIP CODE

91789

OPTIONAL: FAX / E-MAIL ADDRESS

909 595-5810

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

MT SAN ANTONIO COMM COLLEGE GOVERNING BOARD MEMBER

JURISDICTION (LOCATION)

DISTRICT NUMBER  
(IF APPLICABLE)  
AREA 2

**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
NONE		

**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 23, 2023  
DATE

By \_\_\_\_\_  
URE OF OFFICEHOLDER OR CANDIDATE