

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

5

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

11/8/2022

Amendment (Explain Below)

RECEIVED BY  
LOS ANGELES COUNTY  
① 7/28/22  
2022 AUG - 1 PH 12: 38  
CAMPAIN FINANCE

CALIFORNIA FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 \_\_\_\_ For the period 1/1/22 – 6/30/22

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

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

OFFICE SOUGHT OR HELD  
MT SAN ANTONIO COMMUNITY COLLEGE GOVERNING BOARD MEMBER

JURISDICTION (LOCATION)  
LOS ANGELES COUNTY

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 - TERMINATED 14100030 12/31/20 |                   |                   |

**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 7/28/2022  
DATE

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