

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

9/30/22 (1)

Date of election if applicable: (Month, Day, Year) 11/08/2022	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp RECEIVED LOS ANGELES 2022 OCT -3 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only LOS ANGELES COUNTY PM 4:42
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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Robert Gin

STREET ADDRESS

CITY STATE ZIP CODE
Monterey Park CA 91754

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
323/376-7795

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Education

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Alhambra Unified School District 4

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
<u>Robt Gin for Alhambra Unified School District 2022 Board of Education District 4 ID# 1450797</u>		<u>Robert Gin</u>

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 9/29/2022
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE