

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

7/26/21 (3)

Date of election if applicable: (Month, Day, Year) 11/3/2020	<input type="checkbox"/> Amendment (Explain Below) Filing Period 1: Covering dates 1/1/21 to 6/30/21	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2021 JUL 29 PM 12:16 CAMPAIGN FINANCE
		CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 ²¹ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Jane Chon

STREET ADDRESS

CITY STATE ZIP CODE
 San Marino CA 91108

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 626-375-1935

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 Governing Board Member, San Marino Unified School District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 City of San Marino

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 July 26, 2021
 DATE

By _____
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE