

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

5721

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

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Amendment (Explain Below)

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Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
(3) 07/20/2021  
2021 JUL 22 PM 3:03  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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1. Statement Covers Calendar Year 20 21 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Robert L. Gin

STREET ADDRESS  
Monterey Park

CITY STATE ZIP CODE  
CA 91754

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
323-376-7795 rlg1@aol.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Board of Education

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Alhambra, CA 91801 #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

**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 information provided in this statement is true and correct.

Executed on July 19, 2021  
DATE

By \_\_\_\_\_  
OFFICEHOLDER OR CANDIDATE