

Officeholder and Candidate
Campaign Statement –
Short Form

5121

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

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2021 (07/20/2021)
JUL 22 PM 3:06
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only
020423

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Lin

STREET ADDRESS

CITY

San Gabriel

AREA CODE/DAYTIME PHONE NUMBER

626-464-0176

STATE

CA

ZIP CODE

91775

OPTIONAL: FAX / E-MAIL ADDRESS

mclin@tcsud.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD

School Board Member

JURISDICTION (LOCATION)

Temple City Unified School District

DISTRICT NUMBER
(IF APPLICABLE)

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 20, 2021
DATE