

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

5723

Date of election if applicable: (Month, Day, Year)	<input checked="" type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470 For Official Use Only 003389
		RECEIVED BY LOS ANGELES COUNTY 2023 JUL -7 AM 11:09 CAMPAIGN FINANCE DISCLOSURE SECTION	

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JOHN H. MARTIN

STREET ADDRESS

CITY ARCADIA STATE CA ZIP CODE 91006

AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
PASADENA AREA COMMUNITY COLLEGE DIST.

JURISDICTION (LOCATION) _____ DISTRICT NUMBER (IF APPLICABLE) 6

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 for

Executed on 7/5/23
DATE

By _____
SIGN