

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

01/25/2024
Date Stamp

**CALIFORNIA
FORM 470**
For Official Use Only

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

3/5/2024

Amendment (Explain Below)

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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
John Quintanilla
STREET ADDRESS

CITY STATE ZIP CODE
Rosemead CA 91771
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Pasadena City College Trustee Area #6
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County 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
Quintanilla For PCC Trestee 2024	Rosemead, CA 91770	Rosalyn Butala

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 California that the information provided is true and correct.

Executed on January 24, 2024
DATE

CANDIDATE