

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

Handwritten mark

① 8/2/22

S

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

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
Email 8/1/22
2022 AUG -4 PM 12:03
CAMPAIGN FINANCE

CALIFORNIA FORM **470**
For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
James Han

STREET ADDRESS

CITY STATE ZIP CODE
Torrance Ca 90501

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
213-447-1187 jameshan@msn.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Torrance Unified School Board Trustee

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Torrance Unified School District

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 \$200,000 in contributions 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 7/30/2022 DATE By _____