

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
March 5, 24

Amendment (Explain Below)

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY**
2024 FEB -8 PM 2:17
CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 ____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

James Aragon

CITY

Pasadena CA.

STATE

ZIP CODE

91104

AREA CODE/DAYTIME PHONE NUMBER

(626) 807-5550

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Pasadena Area Comm. College Dist Area 2

JURISDICTION (LOCATION)

Pasadena, L.A. County

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 I

Executed on 2-5-2024
DATE