

Officeholder and Candidate
Campaign Statement –
Short Form

54

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

Amendment (Explain Below)

Date Stamp
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8/3/21
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CALIFORNIA
FORM 470

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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 21.

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Torrance Unified School District School Board Trustee

JURISDICTION (LOCATION)

Torrance 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 8/3/2021
DATE

By _____

SS