

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

5721

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY 2021 JUL -6 PM 2: 18 CAMPAIGN FINANCE	
For Official Use Only	

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

John H Martin

STREET ADDRESS

CITY

Arcadia

AREA CODE/DAYTIME PHONE NUMBER

STATE

CA

OPTIONAL: FAX / E-MAIL ADDRESS

ZIP CODE

91006

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:

Executed on 7/2/21
DATE

By _____