

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

5724

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

Amendment (Explain Below)

Date Stamp
07/24/24 P.M.
RECEIVED BY
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**CALIFORNIA
FORM 470**
For Official Use Only
021112

CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Alton Wang

STREET ADDRESS

CITY STATE ZIP CODE
Temple City CA 91780

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-623-3725

OFFICE SOUGHT OR HELD
Pasadena Area Community College District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
7

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
N/A	N/A	N/A

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 Cali orrect.

Executed on 7/23/2024 DATE

By _____ CANDIDATE