

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

A-NAM 0218-1  
A-FIR 11.23

Date of election if applicable:  
(Month, Day, Year)  
11/8/22

**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
4/06/22  
RECEIVED BY  
LOS ANGELES COUNTY  
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1. Statement Covers Calendar Year 20 22

CAMPAIGN FINANCE

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
John Kissinger  
STREET ADDRESS  
\_\_\_\_\_  
CITY Pomona STATE CA ZIP CODE 91766  
AREA CODE/DAYTIME PHONE NUMBER (951) 252-7630  
OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Trustee  
JURISDICTION (LOCATION) Pomona 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 in contributions 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 information provided in this statement is true and correct.

Executed on 7/20/2022  
DATE

By \_\_\_\_\_