

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

5724

<p>Date of election if applicable: (Month, Day, Year)</p> <p>N/A</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp RECEIVED BY LOS ANGELES COUNTY 7/20/24 2024 JUL 22 PM 2:07 CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470 For Official Use Only 019616</p>
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1. Statement Covers Calendar Year 20 24 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
James A. Osterling

STREET ADDRESS

CITY STATE ZIP CODE  
Altadena CA 91001

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626.818.0850 jimo@bridgeadvisorsllc.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Seat #2 Pasadena Area Community College District Board of Trustees

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Los Angeles County

**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

Executed on 7-19-2024  
DATE

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DATE