

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

④ DC

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 JUL 15 PH 4: 50 CAMPAIGN FINANCE	CALIFORNIA FORM 470 <small>For Official Use Only</small>
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Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ROBERT PAYNE

STREET ADDRESS
S/MAR

CITY
CA STATE 91342 ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER
818 833 7317

OPTIONAL: FAX /E-MAIL ADDRESS
N/A

3. Office Sought or Held

OFFICE SOUGHT OR HELD BOARD OF TRUSTEES

SEAT 7, LOS ANGELES COMMUNITY COLLEGE

JURISDICTION (LOCATION)
COUNTY OF LOS ANGELES

DISTRICT NUMBER (IF APPLICABLE)
DISTRICT

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
<u>N/A</u>		
<u>N/A</u>		

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 C true and correct.

Executed on 15 JULY 2024 DATE By _____ OFFICEHOLDER OR CANDIDATE