Office. :der and Candidate Campaign Statement — Short Form (Government Code Section 84206)	Type or print in ink.		Date Stamp	CALIFORNIA 470
	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED	For Official Use Only
	3/6/0#		707 JAN 22 P2:39	
Statement Covers Calendar Year	20℃₹.	<u> </u>	CITY CLERK CITY OF PASADENA	
2. Officeholder or Candidate Inform	nation	3. Office Sought of	or Held	
NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OF HEL		A
AARON FRECTOR		MAYCK		DISTRICT NUMBER
STREET ADDRESS [559 N HTLL AVE #6	JURISDICTION (LOCATION FASACE	JURISDICTION (LOGATION) PASAUTIVA, CA DISTRICT NUMBER (IF APPLICABLE)		
PASACTA PA	STATE ZIP CODE CA 9/104		,	
AREA CODE/DAYTIME PHONE NUMBER 6.76.796.797	OPTIONAL: FAX/E-MAIL ADDRI	.com		
4. Committee Information List all committees of which you have kno	t t		nake expenditures on behal	f of your candidacy. ME OF TREASURER
COMMITTEE NAME AND LD. NUMBE	ER	COMMITTEE ADDRESS	, (V) (V	The Q1 - 21 Year (Q Q 1 Year)
			e de la companya de l	
5. Verification			24 000 Hall (1 28	lean than \$1,000 during the
I declare under penalty of perjury that to the calendar year and that I have used all rea	ne best of my knowledge I anticij sonable diligence in preparing ti	pate that I will receive less than this statement. I certify under pe	\$1,000 and that I will spend nalty of perjury under the la	aws of the State of California
that the foregoing is true and correct.			1. 1	
Executed on 1/16/0	+	ву	SIGNATURE OF OFFICEHOLDER OR C	ANDIDATE

FPPC Form 470/470 Supplement (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)