

Officeholder and Candidate
Campaign Statement –
Short Form

5724

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

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Luciano Aguilar

STREET ADDRESS

CITY STATE ZIP CODE
Hawthorne CA 90250

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL FAX / E-MAIL ADDRESS
310-995-8505

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Hawthorne

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 \$100 during the calendar year and that I have used reasonable diligence in preparing this statement. I certify under penalty of perjury under the law

that I have used reasonable diligence in preparing this statement. I certify under penalty of perjury under the law that I have used reasonable diligence in preparing this statement.

Executed on 07/10/2024 DATE

OFFICEHOLDER OR CANDIDATE