

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

07/11/2024
Date Stamp

**CALIFORNIA
FORM 470**

For Official Use Only

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

Amendment (Explain Below)

RECEIVED BY
LOS ANGELES COUNTY
2024 JUL 15 PM 12:41
CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Sergio Mortara

STREET ADDRESS

CITY

Hawthorne

AREA CODE/DAYTIME PHONE NUMBER

323-351-4863

STATE

CA

ZIP CODE

90250

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board Member

JURISDICTION (LOCATION)

Hawthorne

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
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 \$2,000 an all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of I

. I will spend less than \$2,000 du mia that the foregoing is true and

ear and that I have used

Executed on 7-10-24
DATE

By _____
SIGN OF OFFICEHOLDER OR CANDIDATE