

Officeholder and Candidate
Campaign Statement –
Short Form

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

☐ Amendment (Explain Below)

Date Stamp
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CALIFORNIA
FORM

470

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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Peter V Manghera

STREET ADDRESS

CITY

San Pedro

STATE

Calif

ZIP CODE

90731

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

310 982-3770

3. Office Sought or Held

OFFICE SOUGHT OR HELD

L.A. Community College Bd, Office # 1

JURISDICTION (LOCATION)

City of Los Angeles

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 ID. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

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 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 California that the foregoing is true and correct.

Executed on

Oct 3, 2024

DATE

By