

**Off ceholder and Candidate
Campaign Statement -
Short Form**

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

Amendment (Explain Below)

Date Stamp
RECEIVED
LOS ANGELES
① 08/25/2021
2021 AUG 31 AM 11:30 018952
CALIFORNIA FORM 470
For Official Use Only
CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE <u>Luciano A Aguilar</u> <small>STREET ADDRESS</small> CITY STATE ZIP CODE <u>30-995-8505</u> <small>AREA CODE/DAYTIME PHONE NUMBER</small>		3. Office Sought or Held OFFICE SOUGHT OR HELD <u>Hawthorne School District</u> <small>JURISDICTION (LOCATION)</small>		<small>DISTRICT NUMBER (IF APPLICABLE)</small>
OPTIONAL: FAX / E-MAIL ADDRESS		<small>Hawthorne</small>		

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 the amount reported during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law that the information reported is true and correct.

Executed on 25 AUG 21 DATE

OFFICER OR CANDIDATE

Clear Form Print Form