

Officeholder and Candidate Campaign Statement - Short Form

[Handwritten mark]

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

Amendment (Explain Below) _____

Date Stamp: RECEIVED BY LOS ANGELES CO 08/01/2021 2021 AUG 10 AM 11:47 CAMPAIGN FINANCE

CALIFORNIA FORM 470 For Official Use Only 018952

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information Luciano A Aguilar

3. Office Sought or Held Hawthorne School District

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

STREET ADDRESS

Hawthorne CA 90250

JURISDICTION (LOCATION)

Hawthorne

DISTRICT NUMBER (IF APPLICABLE)

CITY STATE ZIP CODE

310-995-8505 Lucianoaguilar@icloud.com

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

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

ar and that I have used

8/1/2021

Executed on _____ DATE

By _____