

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

Date of election if applicable: (Month, Day, Year) 	<input type="checkbox"/> Amendment (Explain Below)
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Date Stamp RECEIVED LOS ANGELES ③ 7/13/23 2023 JUL 17 PM 2:29 CAMP... DISCL...	CALIFORNIA FORM 470 For Official Use Only 018952
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1. Statement Covers Calendar Year 20 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Luciano Aguilar

STREET ADDRESS
Hawthorne

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law.

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Executed on 7/12/2023
DATE

OFFICEHOLDER OR CANDIDATE