

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

7/23/24 3

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

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Vicente Bravo

STREET ADDRESS

CITY
Hawthorne

STATE
CA

ZIP CODE
90250

AREA CODE/DAYTIME PHONE NUMBER
(310) 925-1621

OPTIONAL: FAX / E-MAIL ADDRESS

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 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 July 22, 2024 DATE

By _____ DER. OR CANDIDATE