

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

④ DC

5724

| | | | |
|---|---|--|---|
| Date of election if applicable: (Month, Day, Year) | <input type="checkbox"/> Amendment (Explain Below) | Date Stamp RECEIVED BY LOS ANGELES COUNTY | CALIFORNIA FORM 470 For Official Use Only |
| | | 2024 AUG 23 PM 12:00 CAMPAIGN FINANCE | |

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
NARCIS BRASOV

STREET ADDRESS
La Mirada CA

CITY STATE ZIP CODE
La Mirada CA 90638

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-201-0779

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board - Norwalk - La Mirada USD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County

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 |
|--------------------------------|-------------------|-------------------|
| | | |
| | | |

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 8-23-24
DATE

By _____
OFFICEHOLDER OR CANDIDATE