

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year)  <u>Nov. 5, 2024</u>	<input type="checkbox"/> Amendment (Explain Below)  _____ _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 JUL 15 PM 4:47 CAMPAIGN FINANCE	CALIFORNIA FORM <b>470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Nancy Pearlman

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
Los Angeles, CA 90035

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
213 705 4992 ABRANCIHP@aol.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Board of Trustees, Seat 3, Los Angeles Community College District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Los Angeles County 1

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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 15, 2024  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE