

Officeholder and Candidate  
Campaign Statement -  
Short Form

6E24

Date of election if applicable:  
(Month, Day, Year)  
NOV 5, 2024

Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
LOUIS ANTHONY SHAPIRO

STREET ADDRESS  
1225 S UNION AVE #50

CITY STATE ZIP CODE  
LOS ANGELES CA 90018

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
222 481 8297 SHAPIRO100@HOTMAIL.COM

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
L A COMMUNITY COLLEGE TRUSTEE #3

JURISDICTION (LOCATION) 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

5. Verification

I declare and all reasonable

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  
tify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_

By 7/24/24  
LAS SIGNATURE OF OFFICEHOLDER OR CANDIDATE