

5723

7/13/23 (3)

Officeholder and Candidate Campaign Statement - Short Form

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

Amendment (Explain Below)

Date Stamp RECEIVED BY LOS ANGELES COUNTY

2023 JUL 17 PM 2:29

CAMPAIGN FINANCE DISCLOSURE

CALIFORNIA FORM 470

For Official Use Only

020537

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Vicente Bravo

STREET ADDRESS

CITY Hawthorne STATE CA ZIP CODE 90250

AREA CODE/DAYTIME PHONE NUMBER 310-844-2476 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

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 12, 2023 DATE

ND/DATE [Signature]