Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	☐ Amen	Idment (Explain dejois) SANGE - 2023 AUG - 7	D BY Date Stamp S COUNTY 3 BM 2: 38	CALIFORNIA 470 FORM For Official Use Only	
_				CAMPA GN	FINANCE RESECTION		<i>(</i> .
1.	Statement Covers Calendar Year 20 23			81900			
2.	Officeholder or Candidate Information		3.	Office Sought or Held			
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD			
	SERGIO R MORTARA			HAWTHORNE SCHOOL BO	OARD #64592		
	STREET ADDRESS		, 4	JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
	äty	STATE ZIP CODE		· · ·		·	,
	HAWTHORNE	CA 90250					
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS					
	310-676-5444						
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	1		EE ADDRESS		TREASURER	
					16.		6
	MORTARA FOR HAWTHORNE SCHOOL BOA	ARD 2022	,	HAWTHORNE, CA 90250	SERGIO R MORTARA		
	e dinama.					/	
						,	
	# 1361110						
5.	Verification				ı		
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I declare under penalty of perjury that to the best of my	knowledge I anticipate that I will certify under penalty of perjury un	receive less the der the laws of	nan \$2,0 f the St			ve used
	07/31/2023			D.			
	Executed on			Ву			