

for

Officeholder and Candidate Campaign Statement - Short Form

4 DC

Date of election if applicable: (Month, Day, Year) 11-8-22

Amendment (Explain Below) Need to fill out Section 3

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CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Anthony Perry STREET ADDRESS CITY Compton STATE CA ZIP CODE 90221 AREA CODE/DAYTIME PHONE NUMBER 310-988-5086 OPTIONAL: FAX / E-MAIL ADDRESS MA

3. Office Sought or Held OFFICE SOUGHT OR HELD Compton College Board Member JURISDICTION (LOCATION) Los Angeles County DISTRICT NUMBER (IF APPLICABLE) 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. Table with columns: 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 9-9-22 DATE By

Clear Form

Print Form