

Officeholder and Candidate Campaign Statement - Short Form

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

Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE MARIA DE LOS ANGELES GONZALEZ STREET ADDRESS CITY STATE ZIP CODE INGLEWOOD CA 90301 AREA CODE/DAYTIME PHONE NUMBER 310-658-8458 OPTIONAL: FAX / E-MAIL ADDRESS angeles\_gonzalez@lennoxk12.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD SCHOOL DISTRICT BOARD MEMBER JURISDICTION (LOCATION) LENNOX, CA 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.

Table with 3 columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, NAME OF TREASURER. Row 1: NONE

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 8/12/21 DATE

By