

**Officeholder and Candidate  
Campaign Statement -  
Short Form**

Date of election if applicable: (Month, Day, Year)  <u>8-NOV-2022</u>	<input type="checkbox"/> Amendment (Explain Below)  _____ _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 JUL 21 PM 2:15 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM <b>470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

3. Office Sought or Held 10319 FIRMONA AVE

NAME OF OFFICEHOLDER OR CANDIDATE

MARIA DE LOS ANGELES GONZALEZ  
STREET ADDRESS

CA 90301  
CITY STATE ZIP CODE

310-658-8458 angeles-gonzalez@lennoxk12.org  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD

Lennox CA 90304  
JURISDICTION (LOCATION)

Lennox school district

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
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 7/18/2023  
DATE

By \_\_\_\_\_