

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

① 08/01/2024
Date Stamp

CALIFORNIA FORM 470

For Official Use Only

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

Amendment (Explain Below)

RECEIVED BY
LOS ANGELES COUNTY
2024 AUG -5 PM 3:00
CAMPAIGN FINANCE

019215

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Sonia Lopez

STREET ADDRESS

CITY

South Gate,

STATE

CA

ZIP CODE

90280

AREA CODE/DAYTIME PHONE NUMBER

310 919-9593

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Trustee

JURISDICTION (LOCATION)

Compton College Board of Trustees

DISTRICT NUMBER
(IF APPLICABLE)

3

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

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 in contributions 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 I have used

lar year and that I have used

Executed on

7/31/2024

DATE

By