Officeholder and Candidate Campaign Statement Form 470 Supplement								
				LOS ANGELES COUNT		CALIFORNIA FORM	470	
And the second s	·			022 AUG - 1 P	AUG - 1 PM 5: 05		For Official Use Only	
SEE INSTRUCTIONS ON REVERSE				CAMPAIGN FINANCE				
This form is written notification that the officeholder/candidate listed below made expenditures of \$2,000 or more during the calendar year.	has received contributi	ons totaling \$2,000 or	more or has	337 34(4 7)	THACE	``		
1. Officeholder or Candidate Information								
NAME OF OFFICEHOLDER OR CANDIDATE								
Adrienne Marie Thomas	<i>,</i>					-		
STREET ADDRESS	·							
•				-				
CITY	STATE ZIP CO	DE						
Compton	CA 9022	21 ~ .				٠.		
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADI	DRESS					. ,	
424-242-9758	athomascpt2000@g	mail.com						
2. Office Sought								
OFFICE SOUGHT	٠,		DISTRICT NUMB					
Compton Unified School District School Board Trustee Area E			(IF APPLICABLE)				
DATE OF ELECTION (MONTH, DAY, YEAR)								
June 7, 2022								
3. Date Contributions Totaling \$2,000 or More Were Receiv	ed or Date Expen	ditures of \$2,000	or More We	ere Made			ç.	
April 25, 2022	-	٤						
(MONTH, DAY, YEAR)								