

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

PE24

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 DEC -6 PM 4:57 CAMPAIN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 470
	For Official Use Only 019088

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
_____	_____ _____

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
OMAR C SPRY

STREET ADDRESS

CITY STATE ZIP CODE
COMPTON CA 90222

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
323 984-5933 OMARSPRY@GMAIL.COM

3. Office Sought or Held

OFFICE SOUGHT OR HELD
BOARD MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
COMPTON UNIFIED SCHOOL DIST. C

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 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 and correct.

Executed on 12/6/23
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE **EM**