

Officeholder and Candidate  
Campaign Statement -  
Short Form

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

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
① 08/18/2022  
2022 AUG 22 AM 11:22  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE  
Rev. Tomas Ivens  
STREET ADDRESS  
CITY Bellflower STATE CA ZIP CODE 90706  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD  
Governing Board Member  
JURISDICTION (LOCATION) County 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

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 08/20/2022  
DATE

By \_\_\_\_\_