Ca	ficeholder and Candidate Impaign Statement – Inort Form		lection if applicable: onth, Day, Year)	□ Amen	2022_JUL	Date Stamp GEIVED BY GELES COUNTY 25 PM 2: 53 IGN FINANCE	CALIFORNIA FORM For Official Use Only	70
1.	Statement Covers Calendar Year 20 21							
2,	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Visib T. N.GO.			3.	Office Sought or Held OFFICE SOUGHT OR HELD Garvey District School Boa	rd.		
	Vinh T Ngo STREET ADDRESS				JURISDICTION (LOCATION) Rosemead, Los Angeles Co		DISTRICT NUMBER (IF APPLICABLE)	
	Monterey Park AREA CODE/DAYTIME PHONE NUMBER	CA OPTIONAL:	91755 FAX / E-MAIL ADDRESS					
4.	Committee Information List all committees of which you have knowledge the		of your candidacy. NAME OF TREASURER					
	None							
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 use 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 07/22/2022	-			3ys			