

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

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

11/08/2022

Amendment (Explain Below)

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CALIFORNIA FORM **470**
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1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Maria De Los Angeles Gonzalez

STREET ADDRESS
_____ , INGLEWOOD, CA 90301

CITY STATE ZIP CODE
310-658-8458 310-677-6817

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
angeles_gonzalez@lennox12.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD
LENNOX SCHOOL DISTRICT

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
10319 FIRMONA AVENUE LENNOX, CA 90304

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
N/A	N/A	N/A
N/A	N/A	N/A

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 9/10/24
DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE