

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

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

11/5/2024

Amendment (Explain Below)

Date Stamp RECEIVED BY
LOS ANGELES CI

2024 AUG 20 PM 3:38

CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 24

<p>2. Officeholder or Candidate Information</p> <p>NAME OF OFFICEHOLDER OR CANDIDATE <u>Carmen Patricia Gomez</u></p> <p>STREET ADDRESS</p>		<p>3. Office Sought or Held</p> <p>OFFICE SOUGHT OR HELD <u>Paramount USD</u></p> <p>JURISDICTION (LOCATION) <u>Trustee Area 2</u></p> <p>DISTRICT NUMBER (IF APPLICABLE)</p>	
<p>CITY <u>Paramount</u></p> <p>AREA CODE/DAYTIME PHONE NUMBER <u>562-500-7913</u></p>	<p>STATE <u>CA</u></p> <p>OPTIONAL: FAX / E-MAIL ADDRESS <u>cgomez4schoolboard@gmail.com</u></p>	<p>ZIP CODE <u>90723</u></p>	

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
<u>N/A</u>		

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 08/19/2024 DATE

By _____ OFFICEHOLDER OR CANDIDATE