

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

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GE24

Date of election if applicable: (Month, Day, Year) <u>11/5/2024</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	RECEIVED BY LOS ANGELES COUNTY 2024 JUL 26 AM 9:21 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 020286
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1. Statement Covers Calendar Year 20 ____ .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	
<u>Carmen Patricia Gomez</u>		<u>Paramount USD</u>	
STREET ADDRESS		JURISDICTION (LOCATION)	
<u>Paramount CA 90723</u>		<u>Trustee Area 2</u>	
CITY	STATE ZIP CODE	DISTRICT NUMBER (IF APPLICABLE)	
<u>562-580-7913</u>	<u>cgomez4schoolboard@gmail.com</u>		
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX/E-MAIL ADDRESS	

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 07/20/2024 DATE By _____ OFFICEHOLDER OR CANDIDATE