

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

4 BH

Date of election if applicable:
(Month, Day, Year)
11/5/24

Amendment (Explain Below)

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY**
2024 JUL 19 AM 8:37
CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

NEEL GOLDMAN

STREET ADDRESS

CITY

310-968-2007

AREA CODE/DAYTIME PHONE NUMBER

Hawthorne CA 90250

STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

NGOLDMAN@WISEBURN.ORG

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION)

Wiseburn USD

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of th

and that I have used

Executed on

[Signature]
7/19/24

DATE

By

OFFICEHOLDER OR CANDIDATE