

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

2022 7/27/22

<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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<p>Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 JUL 28 AM 11:05 CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
MAE THOMAS		
STREET ADDRESS		
CITY	STATE	ZIP CODE
INGLEWOOD,	CA	90301
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS
310-817-6679		310-672-6679

3. Office Sought or Held

OFFICE SOUGHT OR HELD
BOARD MEMBER
JURISDICTION (LOCATION)
COMPTON UNIFIED SCHOOL DISTRICT
DISTRICT NUMBER (IF APPLICABLE)
AREA B

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 \$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 information provided is true and correct.

Executed on JULY 26, 2022
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE