

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

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

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**Amendment** (Explain Below)

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Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
08/24/2022  
2022 AUG 26 AM 11:25  
CAMPAIGN FINANCE

**CALIFORNIA  
FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Rev. Tomas Ivens

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
Bellflower CA 90706

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(626)3160826 martinivens1963@gmail.co

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Governing Board Member Bellflower Unified School District

JURISDICTION (LOCATION) DISTRICT NUMBER  
(IF APPLICABLE)  
County

**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 foregoing is true and correct.

Executed on 08/23/2022 DATE

By \_\_\_\_\_ CANDIDATE

**Clear Form** **Print Form**