

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

9/29/22 ①

Date of election if applicable:
(Month, Day, Year)
11/08/22

Amendment (Explain Below)

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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
Ronald Gómez

STREET ADDRESS
Inglewood, CA 90305

CITY STATE ZIP CODE
Inglewood, CA 90305

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(310) 213-3125 gomez.ronald.89@gmail.com

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
Inglewood Unified School District, Board of Education

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Inglewood, Los Angeles County 1

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 September 29, 2022 DATE

By _____ OFFICEHOLDER OR CANDIDATE