

Officeholder and Candidate
Campaign Statement -
Short Form

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Date Stamp RECEIVED LOS ANGELES	CALIFORNIA FORM 470
2022 MAR 10 PM 3:14	For Official Use Only
CAMPAIGN FINANCE	02/218

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Adrienne Marie Thomas

STREET ADDRESS

CITY STATE ZIP CODE
Compton CA 90221

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
424-242-9958 athomascp2009@gmail.com

OFFICE SOUGHT OR HELD
Compton Unified School District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LA county E

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 3-10-22
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE