Off	ficeholder and Candidate			· · · · · · · · · · · · · · · · · · ·		
Campaign Statement –				Date Stamp	CALIFORNIA 470	
Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED BY	FORM For Official Use Only	
		11/8/2002		— 2022 AUG II PH 3: L		
1.	Statement Covers Calendar Year 20 22	•		THE STATE OF THE S		
2.	Officeholder or Candidate Information		3. Office Sought or H	feld		
	NAME OF OFFICEHOLDER OR CANDIDATE VIVOLINIA V GOMEZ		OFFICE SOUGHT OR HELD CLATICALIA	Valley Unior	High school	
	STREET ANDRESS JURISDICTION (LOCATION) LOB Andress			reles	DISTRICT NUMBER (IF APPLICABLE) ACLA 5	
	TOTY 474 - 240-081 2 AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS	<u> </u>			
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 1.D. NUMBER	1	COMMITTEE ADDRESS		NAME OF TREASURER	
	•					
		· ·		- 1 t - 1 t		
5.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I continue the statement of the st	knowledge I anticipate that I will nertify under penalty of perjury und	eceive less than \$2,000 and that I will er the laws of the State of Callerant A	spend less than \$2,000 during the	e calendar year and that I have used	
	Executed on S/11/37		Ву		•	