

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

<small>Date Stamp</small> RECEIVED BY LOS ANGELES COUNTY 2021 JUL 27 PM 12:11 CAMPAIGN FINANCE	CALIFORNIA FORM 470 <small>For Official Use Only</small>
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Date of election if applicable: (Month, Day, Year) <hr/>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 21 .

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) DISTRICT NUMBER
 COMPTON UNIFIED SCHOOL DISTRICT (IF APPLICABLE)

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 JULY 16, 2021

DATE

By _____

SIGNATURE OF OFFICEHOLDER OR CANDIDATE