

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) <u>None</u>	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY ① No POSTMARK 2021 APR -1 PM 2: 09 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 019302

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information		3. Office Sought or Held	
NAME OF OFFICEHOLDER OR CANDIDATE <u>Lo Wanda Green</u>		OFFICE SOUGHT OR HELD <u>Compton USD Governing Board Member</u>	
STREET ADDRESS		JURISDICTION (LOCATION) <u>Compton, LA city</u>	DISTRICT NUMBER (IF APPLICABLE) <u>9</u>
CITY <u>Compton</u>	STATE <u>CA</u>	ZIP CODE <u>90220</u>	
AREA CODE/DAYTIME PHONE NUMBER <u>310-293-8007</u>	OPTIONAL: FAX / E-MAIL ADDRESS		

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 un

Executed on 02/25/21 DATE

Clear Form Print Form