

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

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LOS ANGELES COUNTY  
Date Stamp  
2022 AUG -5 PM 12:49  
47M

Date of election if applicable: (Month, Day, Year)  11/08/2022	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  CAMPAIGN FINANCE	<b>CALIFORNIA FORM 470</b>  For Official Use Only
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1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Carmen Patricia Gomez

STREET ADDRESS

CITY STATE ZIP CODE  
Paramount CA 90723

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
562-500-7913

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
School Board Member - Paramount USD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Paramount, CA LA County

**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 ID. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
N/A	N/A	N/A
N/A	N/A	N/A

**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 this statement is true and correct.

Executed on 08/05/2022 By \_\_\_\_\_  
DATE HOLDER OR CANDIDATE