

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

☐ Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20²¹ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Andres Ramos

STREET ADDRESS

CITY

Lynwood

AREA CODE/DAYTIME PHONE NUMBER

562/5371732

STATE

CA

ZIP CODE

90262

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Compton Community College District, Governing Board Member

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER
(IF APPLICABLE)

1

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 August 1, 2021

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE