

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year)  11/05/2024	<input type="checkbox"/> Amendment (Explain Below)  _____  _____	Date Stamp RECEIVED  JUL 16 2024	CALIFORNIA FORM <b>470</b>  For Official Use Only
		KINGS COUNTY ELECTIONS	

1. Statement Covers Calendar Year 20 \_\_\_\_ .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE  
Mary Gonzales-Gomez

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE  
Corcoran Ca. 93212

AREA CODE/DAYTIME PHONE NUMBER [REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS  
gomez.3323@comcast.net

OFFICE SOUGHT OR HELD  
Kings County Board of Education

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
2

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, 2024  
DATE

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE