

Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

Amendment (Explain Below)

I fill out other form  
by mistake

Date Stamp

RECEIVED BY CALIFORNIA 470  
LOS ANGELES COUNTY FORM SUPPLEMENT  
(email) 11/2/22  
2022 NOV -2 PM 5:00  
For Official Use Only  
CAMPAIGN FINANCE

1. Officeholder or Candidate Information

Rev. Tomas Ivens  
NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

Bellflower CA 90706  
CITY STATE ZIP CODE

(626)316-0826  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

DISTRICT NUMBER  
(IF APPLICABLE)

Bellflower School Governing Board.

DATE OF ELECTION (MONTH, DAY, YEAR)

November 8, 2022

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

10/31/2022  
(MONTH, DAY, YEAR)