

Officeholder and Candidate
Campaign Statement -
Short Form

47 TM

Date of election if applicable:
(Month, Day, Year)
12-1-20

Amendment (Explain Below)

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CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Alma Castro

STREET ADDRESS

Lynwood CA 90262
STATE ZIP CODE

(310)650-9079
AREA CODE/DAYTIME PHONE NUMBER

castro.almacarina@gmail.com
OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board Member Lynwood Unified

JURISDICTION (LOCATION)

Lynwood Unified School District

DISTRICT NUMBER
(IF APPLICABLE)

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
<u>N/A</u> <u>Castro 4 Students</u>	<u>N/A</u>	<u>N/A</u>

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 8-1-23
DATE

By _____
IF OFFICEHOLDER OR CANDIDATE