Officeholder and Candidate Campaign Statement – Short Form				Date Stamp RECEIVED BY FORM CALIFORNIA FORM
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	2022 JUL 22 PM 4: 58 CAMPAIGN FINANCE O19683
1.	Statement Covers Calendar Year 20 22			
2.	Officeholder or Candidate Information		3. Office Sought or Hel	d
	NAME OF OFFICEHOLDER OR CANDIDATE	,	OFFICE SOUGHT OR HELD	R L A C
	Elias Alvarado		JURISDICTION (LOCATION)	ng Board Member Tolstrict Number
	STREET ADDRESS			School District (FAPPLICABLE)
	Whitier, 14 906 AREACODE/DAYTIME PHONE NUMBER (562) 321-8661	STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS		
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	<u> </u>		
	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 use 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.			
	07/22/20	22	Dv	
	Executed on DATE		Ву	SIGNATURE OF OFFICEHOLDER OR CANDIDATE