

**Officeholder and Candidate
Campaign Statement –
Short Form**

gw 4

5723

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

Amendment (Explain Below)

Date Stamp
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1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Carlos Aparicio

STREET ADDRESS

CITY Whittier STATE CA ZIP CODE 90605

AREA CODE/DAYTIME PHONE NUMBER (562) 201-6450 OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
School Board Member

JURISDICTION (LOCATION)
East Whittier City School Dist

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

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$ all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the

he calendar year and that I have used rect.

Executed on 7/20/23 DATE

By _____ INDICATE