

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

7/27/21 (1)

Date of election if applicable:  
(Month, Day, Year)  
  
11/06/2018

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2021 JUL 29 PM 12: 11  
CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 21 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Cristina Alvarado  
STREET ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE  
San Gabriel CA 91776  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Trustee, Board of Education  
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
San Gabriel Unified School District

**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
Alvarado fo San Gabriel School Board	1042 Manley Drive, San Gabriel, CA 91776	Cristina Alvarado

**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 7/26/2021 DATE

By \_\_\_\_\_ SIGNATURE OF OFFICEHOLDER OR CANDIDATE