

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

④ OC

ST 22

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

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**Amendment** (Explain Below)

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Date Stamp  
**RECEIVED BY  
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CAMPAIGN FINANCE

**CALIFORNIA FORM 470**  
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1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

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 \_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
East Whittier City School District - Board Member

JURISDICTION (LOCATION) Whittier - LA County 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>NA</u>                      |                   |                   |
|                                |                   |                   |

**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 t

the calendar year and that I have used act.

Executed on 7/29/22  
DATE

By \_\_\_\_\_  
DATE