

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

5723

Date of election if applicable:  
(Month, Day, Year)  
11/8/2022

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
① 7/31/23  
2023 AUG -2 AM 11:29  
CAMPAIGN FINANCE  
DISCLOSURE SECTION

CALIFORNIA FORM **470**  
For Official Use Only  
012242

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE  
Cristina Alvarado

STREET ADDRESS

CITY San Gabriel STATE CA ZIP CODE 91776

AREA CODE/DAYTIME PHONE NUMBER 626 284-9694 OPTIONAL: FAX / E-MAIL ADDRESS uncal3@charter.net

OFFICE SOUGHT OR HELD  
Board Trustee

JURISDICTION (LOCATION) San Gabriel 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>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, all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that I have used

calendar year and that I have used

Executed on 7/29/2023  
DATE

By \_\_\_\_\_