

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

Date Stamp RECEIVED BY LOS ANGELES COUNTY 4 TM 2024 JUL 15 PM 4: 22 CAMPAIGN FINANCE	CALIFORNIA FORM 470
	For Official Use Only

Date of election if applicable: (Month, Day, Year) <u>11/5/24</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
---	--

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Carlos Aparicio

CITY Whittier STATE CA ZIP CODE 90605

AREA CODE/DAYTIME PHONE NUMBER (562) 201-6450

OPTIONAL: FAX / E-MAIL ADDRESS carparicio@ewcsd.org

OFFICE SOUGHT OR HELD
Board Member

JURISDICTION (LOCATION) East Whittier City 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

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive les all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law

Executed on 7-15-24 DATE