

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

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

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2024 JUL 23 PM 1:24  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Anthony Zegarva Zegarva

OFFICE SOUGHT OR HELD  
Lowell Joint -SD.

CITY  
Whittier

STATE  
CA

ZIP CODE  
90601

JURISDICTION (LOCATION)  
B Board member

DISTRICT NUMBER (IF APPLICABLE)  
3

AREA CODE/DAYTIME PHONE NUMBER  
562) 556-4314

OPTIONAL: FAX / E-MAIL ADDRESS  
anthonyzegarva43@yahoo.com

**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 \$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 07/23/2024  
DATE