

Officeholder and Candidate
Campaign Statement –
Short Form

1/27/21

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

Amendment (Explain Below)

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CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Carolina Jauregui

STREET ADDRESS

CITY Whittier STATE CA ZIP CODE 90606

AREA CODE/DAYTIME PHONE NUMBER 562 967 1698 OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Member

JURISDICTION (LOCATION) 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
<u>none</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of C

and that I have used

Executed on 7/27/21
DATE

By _____

dc