

Officeholder and Candidate  
Campaign Statement –  
Short Form

email 07/21/2023

Date Stamp

CALIFORNIA  
FORM

470

For Official Use Only

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CAMPAIGN FINANCE  
DISCLOSURE SECTION

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

N/A

☐ Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Carolina Javregui

STREET ADDRESS

CITY

Whittier

STATE

CA

ZIP CODE

90606

AREA CODE/DAYTIME PHONE NUMBER

562-968-1698

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board Trustee, Area 1

JURISDICTION (LOCATION)

DISTRICT NUMBER  
(IF APPLICABLE)

1

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

N/A

COMMITTEE ADDRESS

N/A

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 have used

Executed on \_\_\_\_\_

7-31-23

By \_\_\_\_\_