

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

(4)DC  
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LOS ANGELES COUNTY  
2023 JUL 24 PM 2:16  
CAMPAIGN FINANCE  
DISCLOSURE SECTION

CALIFORNIA  
FORM **470**  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
  
11/03/2020

Amendment (Explain Below)

1. Statement Covers Calendar Year 20<sup>23</sup> .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Ceci Escarcega Carroll

STREET ADDRESS

CITY STATE ZIP CODE  
Duarte CA 91010

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626 353-3943 cecicarroll@aol.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
School Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
City of Duarte

**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 ID. 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 information provided is true and correct.

Executed on 07/24/2023  
DATE

By \_\_\_\_\_