

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

7/29/22 (✓) 572

Date of election if applicable:  
(Month, Day, Year)  
11/06/2018

**Amendment** (Explain Below)

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**1. Statement Covers Calendar Year 20** \_\_\_\_\_

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Cristina Alvarado  
STREET ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE  
San Gabriel CA 91776  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Trustee, Board of Education  
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
San Gabriel Unified School District

**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
Alvarado for San Gabriel School Board * <i>* Committee is inactive/disbanded</i>	San Gabriel, CA 91776	Cristina Alvarado

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$ \_\_\_\_\_ for year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the \_\_\_\_\_

Executed on 7/29/2022 DATE

By \_\_\_\_\_