

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

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY	For Official Use Only
2022 AUG 25 AM 11:35	
CAMPAIGN FINANCE	

Date of election if applicable: (Month, Day, Year) <u>11-06-2018</u>	<input checked="" type="checkbox"/> Amendment (Explain Below) <u>Inadvertently left out response to question!</u>
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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Cristina Alvarado

STREET ADDRESS
San Gabriel

STATE CA ZIP CODE 91776

AREA CODE/DAYTIME PHONE NUMBER 626 284 9694

OPTIONAL: FAX / E-MAIL ADDRESS
umcal3@charter.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Trustee, Board of Education

JURISDICTION (LOCATION)
San Gabriel Unified 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>Alvarado for San Gabriel School Board</u>	<u>1042 Manley Drive, San Gabriel, CA 91776</u>	<u>N/A (committee inactive)</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 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 8/22/2022
DATE

By _____