

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

④ DC
Date Stamp

**CALIFORNIA
FORM 470**

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

Amendment (Explain Below)

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CAMPAIGN FINANCE

For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Anthony Zegarra

CITY Whittier STATE CA ZIP CODE 90601

AREA CODE/DAYTIME PHONE NUMBER (562) 556-4314 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Trustee - Lowell Joint School District

JURISDICTION (LOCATION) Los Angeles County DISTRICT NUMBER (IF APPLICABLE) Area-3

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

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive all reasonable diligence in preparing this statement. I certify under penalty of perjury under the

Executed on 8/4/2023 DATE