

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

email 07/21/2023

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY	For Official Use Only
2023 AUG -3 PM 2:19	
CAMPAIGN FINANCE DISCLOSURE SECTION	✓

Date of election if applicable: (Month, Day, Year)  N/A	<input type="checkbox"/> Amendment (Explain Below)  _____ _____
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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	COMMITTEE ADDRESS	NAME OF TREASURER
N/A		
N/A		

**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 therefore I am not required to file this statement for the calendar year and that I have used all reasonable diligence to ensure the accuracy of the information provided.

Executed on 7-31-23 By \_\_\_\_\_