

Officeholder and Candidate
Campaign Statement -
Short Form

5723

Date Stamp
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LOS ANGELES COUNTY
6/8/23
2023 AUG 10 AM 11:09
CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 470
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Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ARMANDO URTEAGA

STREET ADDRESS

CITY Whittier STATE CA ZIP CODE 90604

AREA CODE/DAYTIME PHONE NUMBER (562) 941-6294 OPTIONAL: FAX / E-MAIL ADDRESS AUJR@MSN.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
GOVERNING BOARD MEMBER

JURISDICTION (LOCATION) EAST WHITTIER CITY 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 |
|--------------------------------|-------------------|-------------------|
| N/A | N/A | N/A |
| N/A | 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 \$: _____ have used
all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the :

Executed on 08/03/2023 DATE By _____