

Officeholder and Candidate  
Campaign Statement –  
Short Form

8721 7/29/21 (D) S

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

---

Amendment (Explain Below)

---

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2021 AUG -2 PM 3:37  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only  
020022

1. Statement Covers Calendar Year 20 21 .01-01-21 to 06/30/21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Polly Vigil

STREET ADDRESS  
Whittier CA 90601

CITY STATE ZIP CODE  
Whittier CA 90601

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Whittier City School District Board Member

JURISDICTION / LOCATION DISTRICT NUMBER (IF APPLICABLE)  
Whittier, CA 90602

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>X/A</u>                     |                   |                   |
|                                |                   |                   |

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$500 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 California that the information provided is true and correct.

Executed on July 28, 2021  
DATE

OFFICEHOLDER OR CANDIDATE  
SS