

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

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

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Amendment (Explain Below)

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Date Stamp  
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CAMPAIGN FINANCE

**CALIFORNIA FORM 470**  
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1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

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 aurteaga@ewcsd.org

OFFICE SOUGHT OR HELD  
Governing Board Member

JURISDICTION (LOCATION) East Whittier City School Dist. DISTRICT NUMBER (IF APPLICABLE) 4

**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 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 July 19, 2022  
DATE

By [Signature]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE