

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

Date of election if applicable: (Month, Day, Year) _____ _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
Jennifer Vargo		
STREET ADDRESS		
CITY	STATE	ZIP CODE
Arcadia	CA	91006
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS
626-318-0940		jvargo@ausd.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
Arcadia Unified School District Board of Education	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
Arcadia, Los Angeles County	

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 7/16/24
DATE