

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

5724

Date of election if applicable:  
(Month, Day, Year)  
11/03/2020

**Amendment** (Explain Below)

Date Stamp  
**RECEIVED BY  
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2024 JUL 24 PM 2:26  
CAMPAIGN FINANCE

**CALIFORNIA  
FORM 470**

For Official Use Only  
020360

1. Statement Covers Calendar Year 20 24

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Ceci Escarcega Carroll

STREET ADDRESS  
Duarte United City of Duarte

CITY  
Duarte

STATE  
CA

ZIP CODE  
91010

AREA CODE/DAYTIME PHONE NUMBER  
(626) 353-3943

OPTIONAL: FAX / E-MAIL ADDRESS  
Ceci Carroll@aol.com

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD  
School Board Member

JURISDICTION (LOCATION)  
Duarte

DISTRICT NUMBER  
(IF APPLICABLE)  
cc

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 information provided in this statement is true and correct.

Executed on 7/24/2024  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE