

Officeholder and Candidate
Campaign Statement –
Short Form

8724

7/25/24

CALIFORNIA FORM 470

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

Amendment (Explain Below)

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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Armando Urteaga

STREET ADDRESS

CITY

Whittier, CA. 90604

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

(562) 941-6294

OPTIONAL: FAX / E-MAIL ADDRESS

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 \$2,000 in contributions during the calendar year covered by this statement. I certify under penalty of perjury under the laws of the State of California that I have used

have used

Executed on

07/23/2024

DATE

By