

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

EM- 0210 1

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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LOS ANGELES COUNTY  
2022 AUG 11 PM 3:54  
CAMPAIGN FINANCE

**CALIFORNIA FORM 470**  
For Official Use Only  
021540

1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Julio Cesar Vargas

STREET ADDRESS  
Lennox

CITY STATE ZIP CODE  
Lennox CA 90304

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
562-673-4044 Vargasjc3@yahoo.com

OFFICE SOUGHT OR HELD  
Lennox School Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Lennox, CA

**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 have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California

calendar year and that I have used

Executed on 08/11/22 DATE

By EM