

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

0218-1

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

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Amendment (Explain Below)

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Date Stamp  
9/24

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CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only

021114

1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Anthony A. Zagarra

STREET ADDRESS  
\_\_\_\_\_

CITY Whittier STATE CA ZIP CODE 90603

AREA CODE/DAYTIME PHONE NUMBER 562-556-4314

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Lowell Joint School District - TA 3

JURISDICTION (LOCATION) \_\_\_\_\_

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

calendar year and that I have used \_\_\_\_\_.

Executed on 07/18/2022  
DATE

By \_\_\_\_\_  
DATE

\_\_\_\_\_ ✓  
DATE

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