

RECEIVED *DBS*

Officeholder and Candidate  
Campaign Statement -  
Short Form

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CALIFORNIA FORM 470

For Official Use Only

2016 LAKEWOOD CITY CLERK

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

JUNE 2ND, 2026

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 \_\_\_\_.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

CARLOS J. AGUIAR

STREET ADDRESS

CITY STATE ZIP CODE

LAKEWOOD CA 90712

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION)

LAKEWOOD CITY COUNCIL

DISTRICT NUMBER  
(IF APPLICABLE)

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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 2/26/26 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE