

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

09/21/2023
Date Stamp

**CALIFORNIA
FORM 470**
For Official Use Only

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

Amendment (Explain Below)

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CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Rose Lopez
STREET ADDRESS

CITY STATE ZIP CODE
West Covina CA 91790
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
rlopez@wcu.edu.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD
West Covina Unified Board of Education
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
West Covina

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>None</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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the calendar year and that I have used is correct.

Executed on 9/21/23
DATE

By _____
DATE