

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

Date of election if applicable: (Month, Day, Year) 	<input type="checkbox"/> Amendment (Explain Below) 	Date Stamp RECEIVED BY LOS ANGELES COUNTY 08/10/23 2023 AUG 11 PM 2:47 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 2022 - 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ROBERT HIDALGO

STREET ADDRESS

CITY STATE ZIP CODE
WEST COVINA CA. 91792

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(626) 419-1929 Rfhidalgo@aol.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
GOVERNING BOARD MEMBER, MT. SAN ANTONIO COLLEGE

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
WALNUT, 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 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 8/10/23 DATE

By _____

Clear Form Print Form