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Officeholder and Candidate Campaign Statement –	Type or print in ink.			Date Stamp	CALIFORNIA 470	
Short Form Government Code Section 84206)	Date of election if applicable: (Month, Day, Year)	☐ Amer	ndment (Explain Below)	RECEIVED BY 1.0S ANGELES COUNTY 7//8/23 2023 JUL 20 PM 2: 18 CAMPAIGN FINANCE	019664	
. Statement Covers Calendar Year 2)_23			DISCLOSURE SECTION		
2. Officeholder or Candidate Information	tion	3.	Office Sought or	Held		
NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD			
Robin G. Merkley			School Board Member	Member		
STREET ADDRESS			JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
<u></u>			Glendora		5	
CITY	STATE ZIP CODE					
Glendora	CA 91740	_				
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAIL ADDRE	ESS				
626-379-5477						
List all committees of which you have knowle COMMITTEE NAME AND I.D. NUMBER	dge that are primarily formed		contributions or to mai		our candidacy.	
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5. Verification						
i. Verification I declare under penalty of perjury that to the becalendar year and that I have used all reason that the foregoing is true and correct.	est of my knowledge I anticipate and the diligence in preparing the	pate that I w nis stateme	vill receive less than \$1 nt. I certify under pena	,000 and that I will spend less t	han \$1,000 during the	
I declare under penalty of perjury that to the becalendar year and that I have used all reason	est of my knowledge I anticipable diligence in preparing the	nis stateme	vill receive less than \$1 nt. I certify under pena	,000 and that I will spend less t	han \$1,000 during the	