

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

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY 2022 AUG -4 PM 4:40 CAMPAIGN FINANCE	
For Official Use Only	

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Rose Lopez

STREET ADDRESS

CITY W. Covina STATE CA ZIP CODE 91790

AREA CODE/DAYTIME PHONE NUMBER (626) 374-1239 OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
West Covina Governing Board

JURISDICTION (LOCATION) LA county 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

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 have exercised all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of Calif

g the calendar year and that I have used correct.

Executed on 8-4-22 DATE

By _____ CANDIDATE