

RECEIVED BY  
LOS ANGELES COUNTY  
2021 AUG -9 PM 2:35

Officeholder and Candidate  
Campaign Statement -  
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp <b>CAMPAIGN</b>	CALIFORNIA FORM <b>470</b> For Official Use Only
---	--	-------------------------------	--

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Deanna C Robles

STREET ADDRESS

CITY STATE ZIP CODE  
Baldwin Park CA 91706

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(626) 643-6254

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
BRUSD Governing board

JURISDICTION (LOCATION) DISTRICT NUMBER  
(IF APPLICABLE)  
Baldwin Park

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 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 July 22, 21  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE