

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

Date Stamp	<b>CALIFORNIA FORM 470</b>
RECEIVED BY LOS ANGELES COUNTY 2023 AUG 21 PM 12:32 CAMPAIGN FINANCE DISCLOSURE SECTION	
For Official Use Only	

Date of election if applicable: (Month, Day, Year)  <u>November 8, 2022</u>	<input type="checkbox"/> Amendment (Explain Below)  _____ _____
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1. Statement Covers Calendar Year 20 23

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Rachael Robles

STREET ADDRESS  
\_\_\_\_\_

CITY, STATE ZIP CODE  
Covina CA 91722

AREA CODE/DAYTIME PHONE NUMBER  
626 3105692

OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Trustee area 2, Covina-Valley Unified

JURISDICTION (LOCATION) DISTRICT NUMBER  
(IF APPLICABLE)  
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>N/A</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 8/17/2023  
DATE