

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

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Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
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1. Statement Covers Calendar Year 20 21 .

**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 July 19, 2021  
 DATE

By \_\_\_\_\_

SS