

Officeholder and Candidate  
Campaign Statement –  
Short Form

7/20/2022 (1)

Date of election if applicable:  
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp  
**RECEIVED BY**  
**LOS ANGELES COUNTY**  
2022 JUL 22 PM 4:16  
**CAMPAIGN FINANCE**

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Robert Hidalgo

CITY STATE ZIP CODE

West Covina CA 91792

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

626 419-1929 rfidalgo@aol.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member, Mt. San Antonio College, Area 4

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

LA County

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 information provided is true and correct.

Executed on 7/19/22  
DATE

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