Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	☐ Amer	ndment (Explain Below)	LOS ANGELES COU CAMPAIGN FINANCE CALIFORNIA 470 FORM FOR
1.	Statement Covers Calendar Year 20 22				
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Robin G. Merkley STREET ADDRESS		3.	OFFICE SOUGHT OR HELD School Board Member JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
	Glendora AREA CODE/DAYTIME PHONE NUMBER 626-379-5477	STATE ZIP CODE CA 91740 OPTIONAL: FAX/E-MAIL ADDRESS rgmerkley826@gmail.com		Glendora	
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 NAME OF TREASURER				
				-	
5.	Verification I declare under penalty of perjury that to the best of mall reasonable diligence in preparing this statement.	ny knowledge I anticipate that I will certify under penalty of perjury u	ill receive less the	han \$2,000 and that I will s of the State of California tha	pend less than \$2,000 during the calendar year and that I have used at the foregoing is true and correct.
	Executed onDATE			Ву	SIGNATURE OF OFFICEHOLDER OR CANDIDATE.