

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

5724

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

11/8/2024

Amendment (Explain Below)

Date Stamp
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LOS ANGELES COUNTY
2024 JUL 15 PM 2:45
CAMPAIGN FINANCE

CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Robin Merkley

CITY Glendora STATE CA ZIP CODE 91740

AREA CODE/DAYTIME PHONE NUMBER 626-371-5477 OPTIONAL: FAX / E-MAIL ADDRESS romerkley826@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Trustee

JURISDICTION (LOCATION) Glendora USD DISTRICT NUMBER (IF APPLICABLE) 5

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 15, 2024
DATE

By _____