

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

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

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Amendment (Explain Below)

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CAMPAIGN FINANCE

Date Stamp

**CALIFORNIA FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Rose Lopez

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STREET ADDRESS

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CITY STATE ZIP CODE  
626-374-1239 CA 91790

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

OFFICE SOUGHT OR HELD  
Board of Education Member

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JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
West Covina Unified

**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>No Committee</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 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.

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Executed on Jul 7-30-24  
DATE

By \_\_\_\_\_  
OFFICEHOLDER OR CANDIDATE