

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year)  11-05-2024	<input type="checkbox"/> Amendment (Explain Below)  	RECEIVED LOS ANGELES COUNTY 2024 OCT -3 PM 4:05 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

JASON COOK

STREET ADDRESS

CITY

WEST COVINA

AREA CODE/DAYTIME PHONE NUMBER

STATE

CA

ZIP CODE

91791

OPTIONAL: FAX / E-MAIL ADDRESS

626-826-1624

3. Office Sought or Held

OFFICE SOUGHT OR HELD

COVINA-VALLEY SCHOOL DISTRICT BOARD

JURISDICTION (LOCATION)

LOS ANGELES COUNTY

DISTRICT NUMBER  
(IF APPLICABLE)

TRUSTEE AREA 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 \$10,000 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.

ring the calendar year and that I have used  
d correct.

Executed on 10-03-2024  
DATE

By \_\_\_\_\_

OR CANDIDATE