

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**

644  
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Date Stamp  
2024 OCT -3  
CALIFORNIA FORM 470 SUPPLEMENT  
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SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Yvette Romo

STREET ADDRESS

CITY

Rowland Heights

STATE

CA

ZIP CODE

91748

AREA CODE/DAYTIME PHONE NUMBER

(626) 253-7446

OPTIONAL: FAX / E-MAIL ADDRESS

yvetteromo.forschoolboard@gmail.com

**2. Office Sought**

OFFICE SOUGHT

Governing Board Member - Rowland Unified School District

DISTRICT NUMBER  
(IF APPLICABLE)

Trustee Area 4

DATE OF ELECTION (MONTH, DAY, YEAR)

November 05, 2024

**3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

10-03-2024  
(MONTH, DAY, YEAR)