

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

gew (4)

Date Stamp	RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 470
2024 AUG -9 PM 2:54		
CAMPAIGN FINANCE		N? 021821

Date of election if applicable: (Month, Day, Year) <u>NOV. 5, 2024</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 24 : 021821

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Barbara Campos

STREET ADDRESS

CITY STATE ZIP CODE
Covina CA 91723

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(626)384-8732

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Covina-Valley Unified School District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
3

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 8-9-2024 DATE