

Officeholder and Candidate  
Campaign Statement –  
Short Form

(4) NG

6/24

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470 For Official Use Only
		RECEIVED BY LOS ANGELES COUNTY 2024 JUL 15 AM 9:26 CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 24.

off 015170

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE  
ROBERT MERCADO

STREET ADDRESS  
-

CITY STATE ZIP CODE  
SAN GABRIEL CA 91775

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626-644-1953 RAMERCADO@ME.COM

OFFICE SOUGHT OR HELD  
SAN GABRIEL UNIFIED SCHOOL DISTRICT

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
LOS ANGELES COUNTY

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 7/15/2024  
DATE

by \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE