

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

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

Nov. 6, 2018

Amendment (Explain Below)

Date Stamp
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OFFICE OF WEST COVINA
CITY CLERK'S OFFICE

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

R. William "Bill" Robinson

STREET ADDRESS

[REDACTED]

CITY

West Covina

STATE

CA

ZIP CODE

91790

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council seat sought

JURISDICTION (LOCATION)

West Covina

DISTRICT NUMBER
(IF APPLICABLE)

District two

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
NONE	[REDACTED]	R. William "Bill" Robinson

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 law:

Executed on Oct 25, 2018
DATE

By [REDACTED]

Clear Form

Print Form