Officeholder and Candidate
Campaign Statement -
Short Form

1. Statement Covers Calendar Year 20
   18

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE
   R. William "Bill" Robinson
   STREET ADDRESS
   CITY
   STATE
   ZIP CODE
   Area Code/Daytime Phone Number
   Optional: Fax/E-mail Address

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

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
   Oct 3, 2018
   By
   R. Williams "Bill" Robinson
   SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2016)
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