

**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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CITY 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 STATE ZIP CODE
West Covina CA 91790

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED] [REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council seat sought

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
West Covina 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 laws of the State of California that the foregoing is true and correct.

Executed on Oct 3, 2018
DATE

By R. William Robinson
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

Received
OCT 4 2018
10:20 am
Human Resources Dept.