

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

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

NOVEMBER 2018

Amendment (Explain Below)

Date Stamp

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CITY OF WALNUT
CITY CLERKS OFFICE

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 17.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ROBERT PACHECO

STREET ADDRESS

643 EL VALLENCITO DR.

CITY STATE ZIP CODE

WALNUT CA 91789

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD

WALNUT CITY COUNCIL

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

CITY OF WALNUT

4. Committee Information

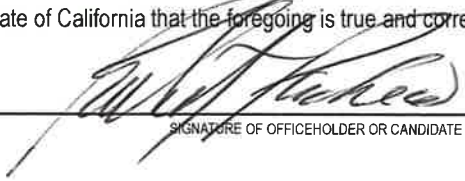
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
No committee open at present Prior committee closed		

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 July 18, 2017
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)

Date Stamp

**CALIFORNIA
FORM 470**

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ROBERT PACHECO

STREET ADDRESS
161 COMMERCE WAY

CITY STATE ZIP CODE
WALNUT CA 91789

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
909 595-5823 909 595-6207

2. Office Sought

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)
WALNUT CITY COUNCIL

DATE OF ELECTION (MONTH, DAY, YEAR)
NOVEMBER 2018

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

N/A

(MONTH, DAY, YEAR)

Clear Form

Print Form