

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

Amendment (Explain Below)

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CALIFORNIA FORM **470** SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

Geoffrey Cobbett

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE

COVINA

CA 91723

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

racnfam@msn.com

2. Office Sought

OFFICE SOUGHT

City of Covina Treasurer

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

6-7-22

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

5-23-2022

(MONTH, DAY, YEAR)