

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

Amendment (Explain Below)

Received & Spent

over 2000.00

Date Stamp
RECEIVED BY
COVINA CITY CLERK

22 MAY 31 PM 4:49

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

Mary Lou Walczak

ID # 1448317

STREET ADDRESS

CITY

STATE

ZIP CODE

Covina

CA

91723

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

DISTRICT NUMBER
(IF APPLICABLE)

City of Covina City Clerk

DATE OF ELECTION (MONTH, DAY, YEAR)

June 7, 2022

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

05/31/2022

(MONTH, DAY, YEAR)