

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) 	<input type="checkbox"/> Amendment (Explain Below) 	Date Stamp 	CALIFORNIA FORM 470 COVINA CITY CLERK 24 AUG 20 PM 6:59
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1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Drew Aleman

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Covina

CA

91723

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Clerk

JURISDICTION (LOCATION)

Covina

DISTRICT NUMBER
(IF APPLICABLE)

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

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 08/20/2024
DATE

By [REDACTED]