

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

Date of election if applicable:
(Month, Day, Year)
March 3, 2020

Amendment (Explain Below)

BEVERLY HILLS CITY CLERK
2020 JAN 7 AM 10:19

Date Stamp

CALIFORNIA FORM 470
For Official Use Only
ended 1/14/2020
HA

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Robin Rowe
STREET ADDRESS
240 N. Crescent Dr., #203
CITY STATE ZIP CODE
Beverly Hills CA 90210
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
424-777-2024

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Beverly Hills City Council
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Beverly Hills

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
N/A		

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 12/31/2019
DATE

By Robin L. Rowe
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form