

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

Q/M

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 470
		2022 JUL 18 AM 11:31	
		CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Donna Freedman

STREET ADDRESS

CITY

STATE
CA

ZIP CODE
91748

AREA CODE/DAYTIME PHONE NUMBER
909-229-5674

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Rowland Unified School District Rowland Unified Board Member

JURISDICTION (LOCATION)
La Puente, Walnut, W. Covina, Rowland Heights

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
not applicable, appointed on 3/1/21		

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 information provided is true and correct.

Executed on July 18, 2022
DATE

By _____