Officeholder and Candidate Campaign Statement – Short Form						_	(P) C Date Stamp	3729	
								CALIFORNIA 470	
			Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below) LOS		ECEIVED BY NGELES COUNTY	For Official Use Only	
						2024 J	UL 19 AM 10: 20		
1.	Statement Covers Calendar Year 20 24					CAM	PAIGN FINANCE		
2.	Officeholder or Candidate Information			3.	Office Sought	or Held			
	NAME OF OFFICEHOLDER OR CANDIDATE		,		OFFICE SOUGHT OR HEL	.D			
	Agnes P. Gonzalez	•			Rowland Unified School Board Member				
	STREET ADDRESS				JURISDICTION (LOCATION	N)		DISTRICT NUMBER	
					Trustee Area 1			(IF APPLICABLE)	
	CITY	STATE	ZIP CODE			-			
	Walnut	CA	91789			-			
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL:	FAX / E-MAIL ADDRESS						
	909-753-5737 agnes.agonzalez@rowlandschools.org								
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		N/A			•	N/A		
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 5.	Verification		<u> </u>		<del></del>		<del></del>	<del></del>	
٠.	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 7/19/2024	<u>'</u>			Ву		EHOLDER OR CANDIDATE		

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov