

Officeholder and Candidate
Campaign Statement -
Short Form

(4) DC

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2024 MAY 28 PM 12: 11
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only
019752

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

11/02/2020

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
David Michael Malkin

STREET ADDRESS

CITY STATE ZIP CODE
Rowland Heights CA 91748

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
6268333444 davidmalkin.rusd@gmail.cc

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Member Trustee Area #4

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles 4

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 2024-05-26 DATE

3v _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form