

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Donna Freedman

STREET ADDRESS

CITY

Rowland Heights

STATE

CA

ZIP CODE

91748

AREA CODE/DAYTIME PHONE NUMBER

9092295674

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

Rowland Unified School District Governing Board Area 5

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

11/9/22

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

9/8/22

(MONTH, DAY, YEAR)

Clear Form

Print Form