

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

7/19/21

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

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE**

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Donna Freedman

STREET ADDRESS

CITY STATE ZIP CODE
909-229-5674 CA 91748

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Rowland Unified School District Rowland Unified Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
La Puente, Walnut, W. Covina, Rowland Heights

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 expend 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

July 19, 2021

Executed on _____ DATE

By _____