Ca	ficeholder and Candidate Impaign Statement –				7/20/2022 Date Stamp CALIFORNIA 470	
Short Form **Remarks** **Rema		Date of election if applicable: (Month, Day, Year)	N/A	indment (Explain Below)	LOS ANGELES CI 2022 JUL 22 PM	For Official Use Only
		N/A	N/A		CAMPAIGN FINANCE	
1.	Statement Covers Calendar Year 20	22				
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Erik Venegas STREET ADDRESS			3. Office Sought or Held OFFICE SOUGHT OR HELD Governing Board Member JURISDICTION (LOCATION) DISTRICT NUMBER ((F APPLICABLE)		
	West Covina AREA CODE/DAYTIME PHONE NUMBER 626 465-9356	STATE ZIP CODE CA 91792 OPTIONAL: FAX / E-MAIL ADDRES	SS	Rowland Unified Sch	ou District	
4.	Committee Information List all committees of which you have knowledge that are primarily formed to recei COMMITTEE NAME AND I.D. NUMBER			outions or to make expend TEE ADDRESS	litures on behalf of your candidacy. NAME OF TREASURER	
	N/A				N/A	
	N/A N/A				N/A	
5.	Verification I declare under penalty of perjury that to the beal reasonable diligence in preparing this stater 7/20/2022 Executed on	ment. I certify under penalty of perjury			at the forecoing is true and corre	