

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

① 7/15/21

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

Amendment (Explain Below)

LOS
202
CAMPAIGN FINANCE

Date Stamp
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**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 J. Rose

STREET ADDRESS

CITY STATE ZIP CODE
Valencia CA 91355

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
805/603-2333

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Newhall School District 2

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
<i>I have no committee at this time</i>		

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 July 1, 2021
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE