Ca	ficeholder and Candidate Impaign Statement – Iort Form					Date Stamp RECEIVED 8	RECEIVED BY FORM 4/0		
Short Porm		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)		LOS ANGELES CO	·	Use Only	
		Novemi	ber 2, 2020			_ CAMPAIGN FINA	ANBE		
1.	Statement Covers Calendar Year 20 23	•		,					
2.	Officeholder or Candidate Information			3.	Office Sought or He	eld			
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD				
	David Michael Malkin				School Board Member Trustee Area #4				
	STREET ADDRESS				JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)		
	CITY	STATE	ZIP CODE		Los Angeles		14		
	Rowland Heights	CA	91748						
	AREA CODE/DAYTIME PHONE NUMBER		: FAX / E-MAIL ADDRESS						
-	626.833.3444	DavidM	lalkin.RUSD@gma	il.cc		-			
4.	Committee Information								
	List all committees of which you have knowledge that are primarily formed to receive contributions or to make expend					litures on behalf of your cand	lidacy.		
	COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS			N/	NAME OF TREASURER			
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						*			
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 forecoing is true and correct.								
	June 2,2023								
	Executed onDATE				E				