Ca	ficeholder and Candidate impaign Statement – ort Form			SENERVED BY	CALIFORNIA 470
)	lort Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)		For Official Use Only
1.	Statement Covers Calendar Year 20 22	•	1	(AMPAIGN 1.10	
2.	Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  Rolando Cano  STREET ADDRESS		3. Office Sought of OFFICE SOUGHT OF HELD  WITH COLORS  JURISDICTION (LOCATION	ity School District Trustee	Area 3 School Boar DISTRICT NUMBER (IF APPLICABLE)
	CITY Whitter, CA.  AREA CODE/DAYTIME PHONE NUMBER  562) 762-2227	STATE ZIP CODE  9060 / OPTIONAL: FAX/E-MAIL ADDRESS  (Cano76)	@yahoo.com		
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 T	REASURER
	. ,				
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 accord 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			correct.	
	Executed on October 6, 2022		Ву.	OR CANDIDATE	