

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

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Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 MAR 18 PM 4:47 CAMPAIGN FINANCE	CALIFORNIA FORM 470 <small>For Official Use Only</small> 019752
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Date of election if applicable: (Month, Day, Year) November 2, 2020	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 22 .

015160

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
David Michael Malkin

STREET ADDRESS

CITY STATE ZIP CODE
Rowland Heights CA 91748

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626.833.3444 DavidMalkin.RUSD@gmail.cc

OFFICE SOUGHT OR HELD
Rowland Unified School Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County 4

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
NONE		

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 March 18, 2022
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

RD 3/21/22