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CAMPAIGN FINANCE

LC02

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Sharyn Sigler, Treasurer, Association of Rowland Educators PAC		Date of This Filing 10/29/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 626-723-4477	I.C. NUMBER (if applicable) 1236317	Report No. 10		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		G07105
CITY City of Industry, CA 91748	STATE ZIP CODE	No. of Pages 2		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT IF CANDIDATE, ALIDENTER ID NUMBER	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION IF APPLICABLE
10/20/2022	Re-Elect Donna Freedman for RUSD School Board Trustee Area 5 2022 (ID#1451768) Rowland Heights, CA 91748	Donna Freedman, School Board, trustee Area 5, Rowland Unified School District	4100.00 (in-kind donation)	11/8/2022
10/20/2022	Re-Elect Donna Freedman for RUSD School Board Trustee Area 5 2022 (ID#1451768) Rowland Heights, CA 91748	Donna Freedman, School Board, trustee Area 5, Rowland Unified School District	900.00 (in-kind donation)	11/8/2022
10/26/2022	Re-Elect Donna Freedman for RUSD School Board Trustee Area 5 2022 (ID#1451768) Rowland Heights, CA 91748	Donna Freedman, School Board, trustee Area 5, Rowland Unified School District	212.45 (in-kind donation)	11/8/2022

Reason for Amendment: _____

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NAME OF FILER Sharyn Sigler, Treasurer, Association of Rowland Educators PAC		Date of This Filing 10/26/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 626-723-4477	ID NUMBER OF APPLICANT 1238317	Report No. 10		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (insert below)		
CITY City of Industry, CA	STATE CA	ZIP CODE 91748	No. of Pages 2	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, INCLUDE ID NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ <small>Provide interest rate</small>

Reason for Amendment: _____

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee
