

Officeholder and Candidate
Campaign Statement –
Short Form

10

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

Amendment (Explain Below)

Date Stamp
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2023 JUL 20 PM 2:24
CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
David R. Rose

STREET ADDRESS

CITY Covina STATE CA ZIP CODE 91724

AREA CODE/DAYTIME PHONE NUMBER 626 948 6104 OPTIONAL: FAX / E-MAIL ADDRESS drvathace@aol.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Charter Oak USD Board Trustee #1

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

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
<u>N/A</u>	<u>—</u>	<u>—</u>
<u>N/A</u>	<u>—</u>	<u>—</u>

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 18, 2023
DATE

By