

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

*Add FR- 5722*

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED BY	Date Stamp	CALIFORNIA FORM 470
		LOS ANGELES COUNTY		
		(4) NG	2022 MAR 31 AM 10:55	015762
		CAMPAIGN FINANCE		

1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
David Rose

STREET ADDRESS  
Covina CA 91724

CITY STATE ZIP CODE  
Covina CA 91724

AREA CODE/DAYTIME PHONE NUMBER  
626 948 6104

OPTIONAL: FAX / E-MAIL ADDRESS  
drathac@aol.com

OFFICE SOUGHT OR HELD  
Charter Oak USD

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

**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 31, 2022  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE *DR*