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CAMPAIGN FINANCE

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Sharyn Sigler, Treasurer, Association of Rowland Educators PAC		Date of This Filing 10/17/2022	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
ANEA CERTIFICATE NUMBER 626-723-4477	FD NUMBER of certificate 1236317	Report No. 05		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (Specify below)		
CITY City of Industry, CA	STATE CA	ZIP CODE 91748	No. of Pages 2	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Donna Freedman				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD School Board, Rowland Unified School District	DISTRICT NO.	SUPPORT XX	OPPOSE	BALLOT SUBJECT	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/16/2022	Mailer in support of Donna Freedman	\$9230.12

Reason for Amendment _____

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CALIFORNIA FORM 496
ID NUMBER of committee
1236317

NAME OF FILER
Sharyn Sigler, Treasurer, Association of Rowland Educators PAC

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF CONTRIBUTOR IS AN INDIVIDUAL, DO NOT ENTER DOB NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTER NAME OF BUSINESS	AMOUNT RECEIVED	INTEREST RATES
	none	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

** 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