

Officeholder and Candidate
Campaign Statement -
Short Form

NAM ADR ER 0507
4DC

Date of election if applicable:
(Month, Day, Year)
7/25/23

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 470

For Official Use Only

021595

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Joshua Rogers

STREET ADDRESS

CITY

Claremont

STATE

CA

ZIP CODE

91711

AREA CODE/DAYTIME PHONE NUMBER

212 203 1214

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION)

Claremont Unified

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>n/a</u>	<u>n/a</u>
<u>n/a</u>	<u>n/a</u>	<u>n/a</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

4/28/23

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

EM