

Officeholder and Candidate
 Campaign Statement –
 Short Form

7/24/24 ① 5724

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

Amendment (Explain Below)

Date Stamp
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 LOS ANGELES COUNTY
 2024 JUL 26 PM 3:13
 CAMPAIGN FINANCE

CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
BOB FASS

STREET ADDRESS

CITY STATE ZIP CODE
CLAREMONT CA 91711

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(909) 626-2043

3. Office Sought or Held

OFFICE SOUGHT OR HELD
GOVERNING BOARD, CLAREMONT UNIFIED SCHOOLS

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
CLAREMONT, CA

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 have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of Cali

ear and that I have used

Executed on July 23, 2024
 DATE

By _____