Ca	ficeholder and Candidate impaign Statement – iort Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below) LOS ANGILE 2022 JUL 27 CAMPAIGN	PM 2: 26
1.	Statement Covers Calendar Year 20 22	<u>.</u>		
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Gregory Palatto STREET ADDRESS CITY La Verne AREA CODE/DAYTIME PHONE NUMBER / 626-201-4320	STATE ZIP CODE CA 91750 OPTIONAL: FAX/E-MAIL ADDRESS pa/atto@bonita.k12.ca.us		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 nall reasonable diligence in preparing this statement.	ny knowledge I anticipate that I will certify under penalty of perjury u	ill receive less than \$2,000 and tha under the laws of the State of Califo	and that I have used
	Executed onDATE		Ву	

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