

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

S722

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

Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 22 .

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
 Gregory Palatto

STREET ADDRESS

CITY STATE ZIP CODE
 La Verne CA 91750

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 626-201-4320 palatto@bonita.k12.ca.us

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
 Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 Bonita Unified School District 4

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 information provided is correct.

Executed on January 9, 2023
 DATE

By _____
 OR CANDIDATE