

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

5723

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

Amendment (Explain Below)

Date Stamp
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**CALIFORNIA
FORM 470**
For Official Use Only
020588

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

BOB FASS

STREET ADDRESS

CITY STATE ZIP CODE

CLAREMONT CA 91711

AREA CODE/DAYTIME PHONE NUMBER

(909) 626-2043

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD

GOVERNING BOARD: CLAREMONT UNIFIED SCHOOL DISTRICTS

JURISDICTION (LOCATION)

CLAREMONT, CA

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 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 in this statement is true and correct.

Executed on JULY 24, 2023
DATE

By _____
SIGNATURE DATE