

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

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CALIFORNIA FORM 470  
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CAMPAIGN FINANCE DISCLOSURE SECTION

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

Amendment (Explain Below)

**1. Statement Covers Calendar Year 20 23**

**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 foregoing is true and correct.

Executed on July 24, 2023  
DATE

By \_\_\_\_\_  
DATE