

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

Date of election if applicable: (Month, Day, Year)	<input checked="" type="checkbox"/> <b>Amendment</b> (Explain Below)

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1. Statement Covers Calendar Year 20 22.

**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 SCHOOL DIST

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 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 Sta

Executed on AUG. 6, 2022  
DATE

By \_\_\_\_\_  
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