

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

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Date of election if applicable: (Month, Day, Year) 11/05/2024	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Greg Palatto

STREET ADDRESS

CITY STATE ZIP CODE
La Verne CA 91750

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-201-4329

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Bonita Unified School District Trustee Area #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
<u>Palatto for Bonita School Board 2024</u> <u>(NYD)</u>	<u>La Verne, CA 91750</u>	<u>Greg Palatto</u>

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 _____ correct.

Executed on 07/10/2024
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE