

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

0547-1

Date Stamp  
**RECEIVED BY  
LOS ANGELES COUNTY  
2023 APR 26 AM 11:12  
CAMPAIGN FINANCE**

**CALIFORNIA  
FORM 470**  
For Official Use Only  
**021493**

Date of election if applicable:  
(Month, Day, Year)  
July 25, 2023

**Amendment** (Explain Below)

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1. Statement Covers Calendar Year 20 23

2. **Officeholder or Candidate Information** Aaron Peterson

NAME OF OFFICEHOLDER OR CANDIDATE

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STREET ADDRESS  
Claremont

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CITY STATE ZIP CODE  
Claremont CA 91711

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AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX E-MAIL ADDRESS  
909-642-3026 Peterson4CUSD@PM.ME

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD  
School Board Trustee (Member)

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JURISDICTION (LOCATION) DISTRICT NUMBER  
(IF APPLICABLE)  
Claremont 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 4/14/2023 DATE By \_\_\_\_\_