

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>11-08-2022</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>2022 AUG 11 AM 11:47</p> <p>CAMPAIGN FINANCE</p>	<p>Date Stamp</p> <p>RECEIVED BY LOS ANGELES COUNTY AM 11:47</p>	<p>CALIFORNIA FORM <b>470</b></p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Kathryn Dunn

STREET ADDRESS

CITY

Claremont CA

STATE

ZIP CODE

91711

AREA CODE/DAYTIME PHONE NUMBER

(909) 767-8039

OPTIONAL: FAX / E-MAIL ADDRESS

Kathryndunn91711@gmail.com

OFFICE SOUGHT OR HELD

Governing Board Member Area No 1

JURISDICTION (LOCATION)

Claremont Unified School District

DISTRICT NUMBER  
(IF APPLICABLE)

No. 1

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

8-11-2022

DATE

(Signature)

By

(Signature)