

ORIGINAL

0218-1 (Add N on 1)

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)  
11/8/22

Amendment (Explain Below)

Date Stamp  
 RECEIVED  
 LOS ANGELES COUNTY  
 11/18/22  
 2022 NOV 21 PM 3:22  
 CAMPAIGN FINANCE

CALIFORNIA FORM 470  
 For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Aaron Peterson

STREET ADDRESS

CITY STATE ZIP CODE  
Claremont CA 91711

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
909-642-3026 Peterson4CUSD@P.M.A.F

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Claremont Unified School District, Trustee 4

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Claremont, CA 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 LD. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>N/A</u>		
<u>N/A</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 California that the foregoing is true and correct.

Executed on 10/9/22 (see copy)  
DATE

By \_\_\_\_\_

Clear Form Print Form