

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

Date of election if applicable: (Month, Day, Year) 11/8/2022	<input type="checkbox"/> Amendment (Explain Below) _____ _____
--	---

Date Stamp RECEIVED BY: LOS ANGELES COUNTY 2022 OCT 31 PM 2: 14	CALIFORNIA FORM 470 For Official Use Only 021493
--	---

CAMPAIGN FINANCE

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@pm.me

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Claremont Unified School District Trustee Area 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 I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
N/A		
N/A		

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 10/9/2022 By _____
DATE