

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

7/23/22 (1)

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

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
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CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 \_\_\_\_\_.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
BOB FASS

STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE  
CLAREMONT, CA 91711

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(909) 626-2043

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
GOVERNING BOARD: CLAREMONT UNIFIED SCHOOL DISTRICT

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
CLAREMONT, CA

**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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State \_\_\_\_\_ year and that I have used

Executed on July 22, 2022  
DATE

By \_\_\_\_\_