

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

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CAMPAIGN FINANCE

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 21 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Gregory Palatto

STREET ADDRESS

CITY

La Verne

AREA CODE/DAYTIME PHONE NUMBER

626-201-4329

STATE

CA

ZIP CODE

91750

OPTIONAL: FAX / E-MAIL ADDRESS

palatto@bonita.k12.ca.us

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION)

Bonita Unified School District

DISTRICT NUMBER  
(IF APPLICABLE)

**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 July 19, 2021  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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