

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

ST23 8/21/23 (1)

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

Amendment (Explain Below)

Date Stamp
RECEIVED
LOS ANGELES COUNTY
2023 AUG 24 AM 10:30
CALIFORNIA FORM 470
For Official Use Only
CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Kathryn Dunn

STREET ADDRESS

CITY STATE ZIP CODE
Claremont ca 91711

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
9097678039

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Claremont Unidifed School District Board of Trustees

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Claremont Area 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
n/a		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive all reasonable diligence in preparing this statement. I certify under penalty of perjury under the la

Executed on 08/07/2023
DATE