

Officeholder and Candidate
Campaign Statement –
Short Form

SM

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
		RECEIVED BY LOS ANGELES COUNTY 07/19/22 2022 JUL 21 AM 11:40	

CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information			3. Office Sought or Held	
NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD	
David S Nemer			School Board	
STREET ADDRESS			JURISDICTION (LOCATION)	
			Claremont Unified School District	
CITY			DISTRICT NUMBER (IF APPLICABLE)	
Claremont				
STATE	ZIP CODE			
CA	91711			
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS		
909 921-4802		danemer@verizon.net		

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	ADDRESS/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 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 07/18/2022 By _____

DATE OR CANDIDATE