

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

|   |                                |
|---|--------------------------------|
| Date Stamp  | <b>CALIFORNIA<br/>FORM 470</b> |
| RECEIVED BY<br>SANTA MONICA COUNTY<br>7/18/22<br>JUL 20 PM 3:15<br>CIGN FIN |                                |
| For Official Use Only   |                                |

|   |   |
|---|---|
| Date of election if applicable:<br>(Month, Day, Year) | <input type="checkbox"/> <b>Amendment</b> (Explain Below) |
|   |   |

1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Nancy Treser Osgood

STREET ADDRESS

CITY STATE ZIP CODE  
Claremont CA 91711

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
909-731-5848 htosgood@csd.claremont.edu

OFFICE SOUGHT OR HELD  
School Board member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Claremont Unified School District

**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 July 18, 2022  
DATE

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