

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

Date of election if applicable:
(Month, Day, Year)
N/A *

Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Nam Sun JACK

STREET ADDRESS

CITY San Mamno, CA STATE 91108 ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER 626-375-0684 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Member

JURISDICTION (LOCATION) San Mamno Unified School District DISTRICT NUMBER (IF APPLICABLE)

I resigned effective May 16, 2022

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
* I was appointed to the SMU SD School Board in 2021 due to a Board vacancy. There was no election and no committee was formed to receive contributions.		

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 I used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 8/26/2022 DATE

By _____

Clear Form **Print Form**