	ficeholder and Candidate ampaign Statement –					Date Stamp CALIFORNIA 470	
Short Form		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)		RECEIVED BY LOS ANGELES COUNT 1021 JUL 21 PM 3: 22 CAMPAIGN FINANCE	FORM For Official Use Only 0/9234
١.	Statement Covers Calendar Year 20 21						
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE David S Nemer STREET ADDRESS CITY Claremont AREA CODE/DAYTIME PHONE NUMBER 909 921-4802		ZIP CODE 91711 FAX/E-MAIL ADDRESS Tr@verizon.net	3.	Office Sought or Hoper School Board JURISDICTION (LOCATION) Claremont Unified S		DISTRICT NUMBER (JE APPLICABLE)
5.	Committee Information List all committees of which you have knowled COMMITTEE NAME AND I.D. NUMBER				utions or to make exper		TREASURER
	Verification I declare under penalty of perjury that to the best of	of my knowledge I	anticipate that I will	receive less t	han \$2 000 and that I will	spend less than \$2,000 during the cale	endar year and that I have used
	all reasonable diligence in preparing this statement	t. I certify under p	enalty of perjury un	der the laws	of the State of California th	hat the foregoing is true and correct.	S _S