

0177-1

Officeholder and Candidate Campaign Statement - Short Form

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

Amendment (Explain Below) _____

Date Stamp
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 CAMPAIGN FINANCE

CALIFORNIA FORM 470
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 020112-1

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Ernie Nishii

STREET ADDRESS _____

CITY _____ STATE CA ZIP CODE 90703

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
ABC School Board Member

JURISDICTION (LOCATION) ABC Unified School District

DISTRICT NUMBER (IF APPLICABLE) _____

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>none</u>	<u>none</u>	<u>none</u>

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 3/14/2022
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form