

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

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Date Stamp

CALIFORNIA FORM 470

For Official Use Only

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

Amendment (Explain Below)

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LOS ANGELES COUNTY
7/18/22 (3)
2022 JUL 20 PM 3:15
CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Nancy Treser Osgood

STREET ADDRESS

CITY

Claremont

STATE

CA

ZIP CODE

91711

AREA CODE/DAYTIME PHONE NUMBER

909-731-5848

OPTIONAL: FAX / E-MAIL ADDRESS

ntosgood@cUSD.claremont.edu

3. Office Sought or Held

OFFICE SOUGHT OR HELD

School Board Member

JURISDICTION (LOCATION)

Claremont Unified School

DISTRICT NUMBER
(IF APPLICABLE)

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</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 July 18, 2022
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE