

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

7/27/22 (1)

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
		RECEIVED BY LOS ANGELES COUNTY	
		2022 JUL 29 PM 3:55	
		CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Glenn A. Creiman

STREET ADDRESS

CITY

San Dimas

AREA CODE/DAYTIME PHONE NUMBER

909 592-6363

STATE

Ca.

OPTIONAL: FAX / E-MAIL ADDRESS

Creiman@bonita.k12.ca.us

ZIP CODE

91773

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member Bonita Unified School District

JURISDICTION (LOCATION)

San Dimas / La Verne

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

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 7/23/22 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE