

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

Date of election if applicable:  
(Month, Day, Year)  
November 8, 2022

Amendment (Explain Below)

Date Stamp  
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CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Steven M. Llanusa  
STREET ADDRESS  
  
CITY Claremont STATE CA ZIP CODE 91711  
AREA CODE/DAYTIME PHONE NUMBER 909-215-1290 OPTIONAL: FAX / E-MAIL ADDRESS MLA

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Claremont Unified School District - Governing Board Member  
JURISDICTION (LOCATION) Los Angeles County DISTRICT NUMBER (IF APPLICABLE) Area 4

**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>Committee to Elect Steven Llanusa for Claremont Board of Education</u> <u>#1277932</u>	<u>Claremont, CA 91701</u>	<u>Glen Mijes</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 19, 2022  
DATE

By Steven M Llanusa  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE