

Officeholder and Candidate
Campaign Statement –
Short Form

8721

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

11/7/2017

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
H. Ernie Nishii

STREET ADDRESS

CITY STATE ZIP CODE
714 553-3663 CA 90703

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
ernie.nishii@gm;

3. Office Sought or Held

OFFICE SOUGHT OR HELD
ABC School Board Trustee

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
ABC School District Trustee Area 3

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
none	none	none

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 7/22/2021
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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