Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)			JAN 31 2023 BYDate Started	CALIFORNIA 470 FORM For Official Use Only
۱.	Statement Covers Calendar Year 20 23					
<u>)</u> .	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE CROSSESSED CONTROL OF CONTROL OF CANDIDATE CROSSESSED CON		3.	OFFICE SOUGHT OR HELD	Us BORRES	
	STREET ADDRESS	STATE ZIP CODE	-	JURISDICTION (LOCATION)	S, COA	DISTRICT NUMBER (IF APPLICABLE)
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	_			
I.	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			TEE ADDRESS	NAME OF TREASURER	
5 .	Verification					
	I declare under penalty of perjury that to the best of my last reasonable diligence in preparing this statement. I ce	knowledge I anticipate that I will re ertify under penalty of perjury und	eceive less t er the laws (than \$2,000 and that I will spen of	d less than \$2,000 during the calen	dar vear and that I have used