

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

Date Stamp 4

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CAMPAIGN FINANCE
DISCLOSURE SECTION

**CALIFORNIA
FORM 470**

For Official Use Only

Date of election if applicable: (Month, Day, Year) 11/08/2022	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
VICTOR CABALLERO

STREET ADDRESS

CITY STATE ZIP CODE
PICO RIVERA CA. 90660

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-273-6931 vctrcaballero@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
BOARD DIRECTOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
PICO WATERDISTRICT, PICO RIVERA

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 08/08/2023
DATE