Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	CALIFORNIA 470- FORM FORM  2022 AUG II PM 2: 10  CAMPAIGN FINANCE
1.	Statement Covers Calendar Year 20 22		. ,	
2.	Officeholder or Candidate Information Chris Ann Horsley  NAME OF OFFICEHOLDER OR CANDIDATE  STREET ADDRESS  STREET ADDRESS  CITY  STATE  ZIP CODE  AREA CODE/DAYTIME PHONE NUMBER  OFFICE SOUGHT OR HELD  BONTHA Unified Shad District Special Electron  JURISDICTION (LOCATION) (Mexigured Term ending)  District number  (IF APPLICABLE)  OPTIONAL: FAX/E-MAIL ADDRESS  OPTIONAL: FAX/E-MAIL ADDRESS			
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
	NA			
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 S/11 /22 DATE		· Ву	