

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

7/21/22 (1) 5722

Date of election if applicable: (Month, Day, Year) 11/06/2018	<input type="checkbox"/> Amendment (Explain Below) _____ _____
---	---

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 JUL 22 PM 4:07 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		
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		vtrcaballero@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
BOARD DIRECTOR	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
PICO WATER DISTRICT, 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 07/20/2022
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE