

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

(4)

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 JUL 15 AM 11:43 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Chris Ann Horsley

STREET ADDRESS

CITY
San Dimas

STATE
CA

ZIP CODE
91773

AREA CODE/DAYTIME PHONE NUMBER
909 272-8006

OPTIONAL: FAX / E-MAIL ADDRESS
parsonshorsley@gmail.com

OFFICE SOUGHT OR HELD
Bonita USO Trustee Area 1

JURISDICTION (LOCATION)

DISTRICT NUMBER
(IF APPLICABLE)

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 7/15/24
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE