

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

|  |   |
|--|---|
| Date Stamp<br><b>RECEIVED</b><br>SEP 25 2024                     | <b>CALIFORNIA FORM 470</b><br>For Official Use Only |
| Date of election if applicable:<br>(Month, Day, Year)<br>11-5-24 | <input type="checkbox"/> Amendment (Explain Below)  |

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

Edgarborca \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

1076 Little Leaf St \_\_\_\_\_

CITY \_\_\_\_\_

Calimesa \_\_\_\_\_

STATE \_\_\_\_\_

CA \_\_\_\_\_

ZIP CODE \_\_\_\_\_

92320 \_\_\_\_\_

AREA CODE/DAYTIME PHONE NUMBER \_\_\_\_\_

949-689-9310 \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

3. Office Sought or Held

OFFICE SOUGHT OR HELD \_\_\_\_\_

city council member \_\_\_\_\_

JURISDICTION (LOCATION) \_\_\_\_\_

Calimesa \_\_\_\_\_

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 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 9-25-24 \_\_\_\_\_

DATE

By  \_\_\_\_\_

SIGNATURE OF OFFICEHOLDER OR CANDIDATE