

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

FILED THIS DATE IN THE OFFICE
OF THE CITY CLERK OF THE CI
OF CHINO

**CALIFORNIA
FORM 470**

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

OCT 27 2022

11/08/2022

City Clerk,

Deputy City Clerk,

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Aabir Bushara

STREET ADDRESS

CITY

Chino

STATE

CA

ZIP CODE

91708

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Chino City Council

JURISDICTION (LOCATION)

Chino, San Bernardino County, California

DISTRICT NUMBER
(IF APPLICABLE)

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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
N/A		
N/A		

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 10/27/2022
DATE

By [Redacted Signature]
SIGNATURE