

Officeholder and Candidate
 Campaign Statement –
 Short Form

Date of election if applicable:
 (Month, Day, Year)
11/8/22

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470
 For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Ruben Prusso
 STREET ADDRESS

 CITY _____ STATE CA ZIP CODE 9533
Livingston
 AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
council member
 JURISDICTION (LOCATION) city of Livingston 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

2022 AUG 11 12:43
 FPPC
 CLERK

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 8/11/22 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE