

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

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

**Amendment** (Explain Below)

Date Stamp

**RECEIVED**

JUL 13 2021

TOWN CLERK

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 21.

<b>2. Officeholder or Candidate Information</b> NAME OF OFFICEHOLDER OR CANDIDATE <u>ART Bishop</u>			<b>3. Office Sought or Held</b> OFFICE SOUGHT OR HELD <u>TOWN OF APPLE VALLEY</u>		
STREET ADDRESS		CITY		STATE	ZIP CODE
				CA	92307
AREA CODE/DAYTIME PHONE NUMBER			DISTRICT NUMBER (IF APPLICABLE)		
			2		
OPTIONAL: FAX / E-MAIL ADDRESS					

**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 6-13-2021 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**

<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____  _____	Date Stamp	<b>CALIFORNIA FORM 470 SUPPLEMENT</b>
		For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
**ART Bishop**

STREET ADDRESS  
**Apple Valley CA 92307**

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

**2. Office Sought**

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

**3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

\_\_\_\_\_  
(MONTH, DAY, YEAR)