

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

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

Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM 470
Received By Town Clerk	
Date <u>8/1/2022</u>	For Official Use Only
Time <u>1 pm</u>	
Town of Apple Valley	

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ART BISHOP

STREET ADDRESS

CITY Apple Valley CA STATE CA ZIP CODE 92307

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Town Council member District 2

JURISDICTION (LOCATION)
Town of Apple Valley

DISTRICT NUMBER (IF APPLICABLE)
2

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 [Signature] DATE _____

By 8/1/22 SIGNATURE OF OFFICEHOLDER OR CANDIDATE _____