

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

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

November 8th 2022

Amendment (Explain Below)

Date _____
Time _____

Date Stamp
**Received By
Town Clerk**
9/27/22
6pm

**CALIFORNIA
FORM 470**
For Official Use Only

Town of Apple Valley

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Scott Nassif
STREET ADDRESS _____
CITY STATE ZIP CODE
Apple Valley CA. 92307
AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____

OFFICE SOUGHT OR HELD
Mayor
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Town of Apple Valley

4. Committee Information

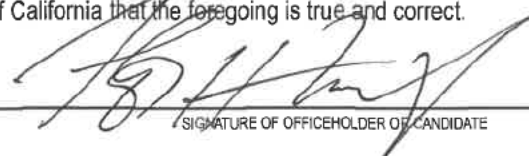
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 September 21st 2022
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

Amendment (Explain Below)

Date Stamp

CALIFORNIA
FORM **470**
SUPPLEMENT

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

Scott Nassif

STREET ADDRESS

CITY

Apple Valley

STATE

CA.

ZIP CODE

92307

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

Mayor

DATE OF ELECTION (MONTH, DAY, YEAR)

November 8th 2022

DISTRICT NUMBER
(IF APPLICABLE)

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

(MONTH, DAY, YEAR)