

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

Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____  _____
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Date Stamp	CALIFORNIA FORM <b>470</b>
RECEIVED	For Official Use Only
JUL 31 2023	

TOWN CLERK

**1. Statement Covers Calendar Year 20** 23 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Arthur Bishop

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
Apple Valley CA 92307

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

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Town Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
\_\_\_\_\_ 2

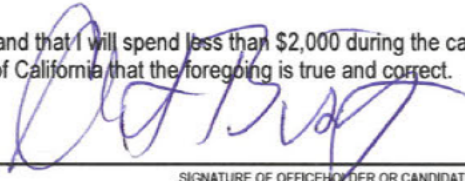
**4. Committee Information**  
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 7/31/2023 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE