

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

Date Stamp	CALIFORNIA FORM 470
City of Grover Beach SEP 27 2022 RECEIVED	For Official Use Only

Date of election if applicable: (Month, Day, Year) <u>11/8/22</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Ron Arnoldson

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
[REDACTED] Ca 93433

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Grover Beach 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
<u>Committee to elect Ron Arnoldson</u>	[REDACTED] <u>Grover Beach, Ca 93433</u>	<u>Ron Arnoldson</u>

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 [REDACTED]
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

Amendment (Explain Below)

Date Stamp
City of Grover Beach
SEP 27 2022
RECEIVED

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

Ron ARNOLDSEN

STREET ADDRESS

[REDACTED]

Ca 93433

CITY

STATE

ZIP CODE

A

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

Grover Beach City Council Dist 2

DISTRICT NUMBER
(IF APPLICABLE)

2

DATE OF ELECTION (MONTH, DAY, YEAR)

11/8/22

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

N/A

(MONTH, DAY, YEAR)