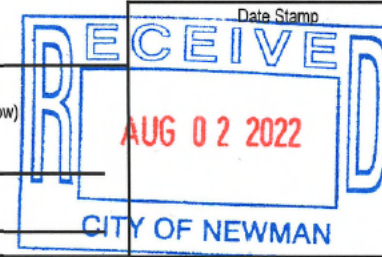


**Officeholder and Candidate
Campaign Statement –
Short Form**



CALIFORNIA FORM 470
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11/08/2022

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Ball, Scott M.

STREET ADDRESS

CITY

STATE

ZIP CODE

209-777-6662

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

CA 95360

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Council

JURISDICTION (LOCATION)

City of Newman

DISTRICT NUMBER
(IF APPLICABLE)

NA

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

07/29/2022

DATE

By

[Signature]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE