

7/22/22 (3)

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)
11-8-2022

Amendment (Explain Below)

Date Stamp
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2022 JUL 25 PM 3:38
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
MICHAEL P. RIVES
STREET ADDRESS

CITY
LANCASTER
STATE ZIP CODE
CA 93534
AREA CODE/DAYTIME PHONE NUMBER
661-902-1976
OPTIONAL: FAX / E-MAIL ADDRESS
rives.mike@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
ANTELOPE VALLEY HEALTHCARE DISTRICT
DIRECTOR, BOARD OF DIRECTORS
JURISDICTION (LOCATION)
ANTELOPE VALLEY
DISTRICT NUMBER
(IF APPLICABLE)

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 LD. 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 7-22-2022
DATE

By _____