

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

Date of election if applicable: (Month, Day, Year) 11/03/2020	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
Bynette L. Mote		
STREET ADDRESS		
[REDACTED]		
CITY	STATE	ZIP CODE
Big Bear Lake	CA	92315
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	
[REDACTED]	[REDACTED]	

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
City Council Member	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
City of Big Bear Lake, California	5

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 ID. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
None Known	----	----
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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 January 25, 2022
DATE

By Bynette Mote
SIGNATURE OF OFFICEHOLDER OR CANDIDATE