

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

<p>Date Stamp</p>	<p>CALIFORNIA FORM 470 For Official Use Only</p>
<p>Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;">11/08/2022</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE _____

Mark L. Infanti _____

STREET ADDRESS _____

920 Nysted Dr _____

CITY _____ STATE _____ ZIP CODE _____

Solvang CA 93463 _____

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

805-697-6581 _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD _____

Solvang Mayor _____

JURISDICTION (LOCATION) _____

Solvang, CA _____

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 I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
N/A		

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 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 07/18/2022 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE