

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

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp

REGISTRATION AND
ELECTIONS DIV

2016 JUL 11 AM 11:22

**CALIFORNIA
FORM 470**

For Official Use Only

STANISLAUS COUNTY
CLERK-RECORDER

1. Statement Covers Calendar Year 20 16

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Gordon B. Ford

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

209 525 6388

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Treasurer / Tax Collector

JURISDICTION (LOCATION)

DISTRICT NUMBER
(IF APPLICABLE)

Stanislaus County

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>N/A</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

7/11/16

DATE

By

[REDACTED]

