Officeholder and Candidate Campaign Statement - Short Form

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

☐ **Amendment** (Explain Below)

CALIFORNIA FORM 470

For Official Use Only

1. **Statement Covers Calendar Year 20** _2016_ .

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Don H. Gaekle

STREET ADDRESS

[redacted]

AREA CODE/DAYTIME PHONE NUMBER

(209) 525-6461

OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD

STANISLAUS COUNTY ASSESSOR

JURISDICTION (LOCATION)

STANISLAUS COUNTY

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 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 un[redacted]

Executed on _____ AUGUST 5, 2016 _____
DATE

[Clear Form] [Print Form]