

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

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

Amendment (Explain Below)

Date Stamp

**REGISTRATION AND
ELECTIONS DIV**

2017 JUL 28 PM 3:10

STANISLAUS COUNTY
CLERK-RECORDED

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 17 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Don H. Gaekle

STREET ADDRESS

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(209) 525-6461

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Assessor

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Stanislaus County

4. Committee Information

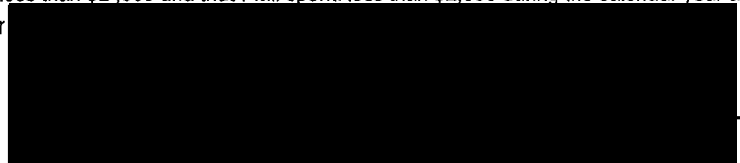
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| COMMITTEE NAME AND I.D. NUMBER | COMMITTEE ADDRESS | NAME OF TREASURER |
|--------------------------------|-------------------|-------------------|
| 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 under

Executed on 7/28/2017
DATE



Clear Form

Print Form