

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

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

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**Amendment** (Explain Below)

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Date Stamp  
REGISTRATION AND  
ELECTIONS DIV  
2016 SEP 16 AM 9:50  
STANISLAUS COUNTY  
CLERK-RECORDER

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 16

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
TOM CHANGNON

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE  
[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS  
209-918-4474

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD  
SUPERINTENDENT OF SCHOOLS - STANISLAUS COUNT.

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

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 9.16.16 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

