

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

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

Amendment (Explain Below)

Administrative ELECTION
 2016 NOV 21 PM 1:44
 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
 Lauren Klein

STREET ADDRESS
 [REDACTED]

AREA CODE/DAYTIME PHONE NUMBER
 209-525-6398

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 Auditor-Controller

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

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 November 21, 2016
 DATE

By [REDACTED]
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE

