

**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 AUG -9 PM 2:38
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
Dick J. Monteith

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
[REDACTED]

PHONE NUMBER
209-522-0333

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Supervisor

JURISDICTION (LOCATION)
Stanislaus Co.

DISTRICT NUMBER
(IF APPLICABLE)
4

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

Executed on 8-9-16
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

