	ficeholder and Candidate Impaign Statement -				CALIFORNIA 470	
Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	開発 IS TRATION AT FORM 2-10 ELECT (MR GY FOR Official Use Only 2017 JUL 13 PM 3: 13 STA線SLAUS CSUSTY CLERK-RECORDS		
1.	Statement Covers Calendar Year	20 17.		The state of the s		
2.	. Officeholder or Candidate Information 3. Office Sough					
	NAME OF OFFICE HOLDER OR CANDIDATE OFFICE SOUGHT OR			,		
	STREET ADDRESS JURISDICTION (LOCA)			ascrer / Tax Collector		
	STALL A STATE OF THE STATE OF T		JURISDICTION (LUC	Treasurer Tax Collector JURISDICTION (LOCATION) Stanislaus County Tax Collector (IF APPLICABLE)		
	CITY	STATE 71P CODE		Mrs Jans County		
	AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS			•		
	209 525 6388					
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		
	NA					
	Verification					
J .	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	Ву	SIGNATURE OF OFFICEHOLDER OR O			
	Clear Form			EDD(Serm 470/470 Supplement / Jan/	