

**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 AUG 18 PM 2:09  
STANISLAUS COUNTY  
CLERK-RECORDER

**CALIFORNIA  
FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 17.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Lauren Klein

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
\_\_\_\_\_

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
209-525-6388

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Treasurer-Tax Collector

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 August 18, 2017  
DATE

By \_\_\_\_\_  
DATE

Clear Form

Print Form