

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp REGISTRATION AND ELECTIONS DIV 2017 JUL -7 AM 10:37 STANISLAUS COUNTY CLERK-RECORDER	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 17.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Dick J. Monteith

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

209-522-0333

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

County Supervisor

JURISDICTION (LOCATION)

Stanislaus Co.

DISTRICT NUMBER
(IF APPLICABLE)

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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 \$20,000 in contributions and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of California that the information provided is true and correct.

Executed on

7-5-17

DATE

By

[REDACTED SIGNATURE]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form