

Officeholder and Candidate
Campaign Statement –
Short Form

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

RECEIVED AUG 04 2010 TOWN CLERK'S DEPT	CALIFORNIA FORM 470
	For Official Use Only

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

Nov 2, 2010

☐ Amendment (Explain Below)

1. Statement Covers Calendar Year 20 10.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

STANLEY D MCETCHIN

STREET ADDRESS

[REDACTED]

CITY

PARADISE

STATE

CA

ZIP CODE

95969

AREA CODE/DAY TIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

TOWN COUNCIL

JURISDICTION (LOCATION)

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

NONE

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 \$1,000 and that I will spend less than \$1,000 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

Aug 4, 2010

DATE

By

[REDACTED]