

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

Date of election if applicable:
(Month, Day, Year)
11-03-2020

Amendment (Explain Below)

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CALIFORNIA FORM **470**
For Official Use Only

1. Statement Covers Calendar Year 20 20

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Steve Oehler

STREET ADDRESS

CITY
Paradise CA 95969

STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER
(530) 518-8687

OPTIONAL: FAX / E-MAIL ADDRESS
citizen steve 2020@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Town Council Member

JURISDICTION (LOCATION)
Town of Paradise

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 | COMMITTEE ADDRESS | NAME OF TREASURER |
|--------------------------------|-------------------|-------------------|
| N/A | N/A | N/A |
| N/A | N/A | N/A |

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 July 19, 2020
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE