

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;">N/A</p>	<p><input type="checkbox"/> <b>Amendment</b> (Explain Below)</p> <hr/> <hr/>
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<p>Date Stamp <b>RECEIVED</b> FEB 12 2013 <b>TOWN CLERK'S DEPT</b></p>	<p><b>CALIFORNIA FORM 470</b></p>
	<p>For Official Use Only</p>

1. Statement Covers Calendar Year 20 13 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Scott Lotter

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE  
Paradise CA 95969

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
530-877-5584

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Paradise Town Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Town of Paradise

**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 and spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify that the foregoing is true and correct.

Executed on 1/31/2013  
DATE

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE