

**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><u>08/08/2010</u></p>	<p><input type="checkbox"/> <b>Amendment</b> (Explain Below)</p>	<p>Auto Stamp</p> <p><b>RECEIVED</b></p> <p>AUG 09 2010</p> <p>TOWN CLERK'S DEPT</p>	<p><b>CALIFORNIA FORM 470</b></p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 10 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

APRIL GROSSBERGER

STREET ADDRESS

[REDACTED]

CITY

CA  
STATE

95969  
ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

TOWN COUNCIL

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

**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 AUGUST 8, 2010  
DATE

By [REDACTED]