Officeholder and Candidate

Campaign Statement – Short Form Government Code Section 84206)		Type or print in ink.			Pare Stamo CALIFORNIA 470		
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)		FEB 1 2 2013 For Official Use Only		
		N/A		**************************************	TOWN CLERK'S DE	PT	
1.	Statement Covers Calendar Year 20	<u>13</u> .					
2.	Officeholder or Candidate Information			3. Office Sought or Held			
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD			
	Scott Lotter			Paradise Town Counc	il		
	STREET ADDRESS					DISTRICT NUMBER (IF APPLICABLE)	
				Town of Paradise		(
	СПҮ	STATE ZIP CODE					
	Paradise AREA CODE/DAYTIME PHONE NUMBER	CA 95969 OPTIONAL: FAX / E-MAIL ADDRE					
		OF HONAL, FAX / E-MAIL ADDINE	.50				
	530-877-5584				Water Control of the		
4.	ommittee Information st 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				e expenditures on benair of your candidacy. NAME OF TREASURER		
	COMMITTEE NAME AND I.D. NOMBER	· · · · · · · · · · · · · · · · · · ·	COMMITTEE ADDRESS		NAME: O	r IREASURER	
				Λ			
5.	AGUIICATION						
	I declare under penalty of perjury that to the best of my knowledge I anticipate that I will recei calendar year and that I have used all reasonable diligence in preparing this statement. I ce that the foregoing is true and correct.					s than \$1,000 during the of the State of California	
	Executed on1/31/2013	13 By					
	DATE	3			NATURE OF OFFICEHOLDER OR CANDIDATE		
					The state of the s		

FPPC Form 470/370 Supplement (January/08) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SHORT FORM