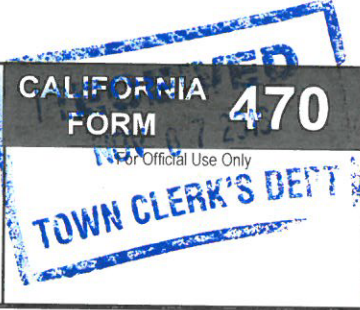


**Officeholder and Candidate  
Campaign Statement -  
Short Form**

Date of election if applicable:  
(Month, Day, Year)  
11-8-2016

**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp



1. Statement Covers Calendar Year 2016 \_\_\_\_\_.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Sten M<sup>c</sup> Etchin  
STREET ADDRESS  
70 Wayland Road Ca 95969  
CITY STATE ZIP CODE  
AREA CODE/DAYTIME PHONE NUMBER  
530 877 2695  
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	COMMITTEE ADDRESS	NAME OF TREASURER
<u>None</u>	<u>None</u>	<u>None</u>

**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 Nov 7 2016  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form

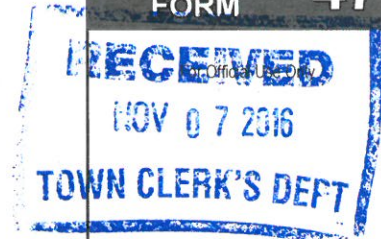
**Officeholder and Candidate  
Campaign Statement -  
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

**Amendment** (Explain Below)

Date Stamp

**CALIFORNIA  
FORM 470**



This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

Stan McEtchen  
NAME OF OFFICEHOLDER OR CANDIDATE

70 Wayland Road  
STREET ADDRESS

Paradise  
CITY

Ca  
STATE

95969  
ZIP CODE

530-877-2675  
AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Office Sought**

Town Council

OFFICE SOUGHT

DISTRICT NUMBER  
(IF APPLICABLE)

11-8-2016  
DATE OF ELECTION (MONTH, DAY, YEAR)

**3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

None  
(MONTH, DAY, YEAR)

Clear Form

Print Form