

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

Date of election if applicable:
(Month, Day, Year)
Nov 3, 2020

Amendment (Explain Below)

Date Stamp
RECEIVED
AUG 06 2020
TOWN CLERK'S DEPT

CALIFORNIA FORM **470**
For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
SAM GRONSETH

STREET ADDRESS

STATE PARADISE ZIP CODE CA 95969

AREA CODE/DAYTIME PHONE NUMBER 530 588-4959 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
PARADISE TOWN COUNCIL MEMBER

JURISDICTION (LOCATION)
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
<u>SAM GRONSETH FOR TOWN COUNCIL</u>	<u>PARADISE, CA 95969</u>	<u>SAM GRONSETH</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 AUGUST 6, 2020
DATE

[Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE