

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

Date of election if applicable: (Month, Day, Year) <u>NOVEMBER 8, 16</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp

CALIFORNIA FORM 470
For Official Use Only
CITY OF SANTA CLARITA 2016 SEP 22 PM 3:52

CITY OF SANTA CLARITA
2016 SEP 22 PM 3:52
CITY CLERKS OFFICE

1. Statement Covers Calendar Year 20 16

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
PAUL J. WIECZOREK

STREET ADDRESS

CITY _____ STATE _____ ZIP CODE _____

AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SANTA CLARITA CITY COUNCIL

JURISDICTION (LOCATION)
CITY OF SANTA CLARITA

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 \$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 SEPTEMBER 22, 2016
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form