

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

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

**Amendment** (Explain Below)

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Date Stamp

**CALIFORNIA FORM 470**  
For Official Use  
CITY OF SANTA CLARITA  
2016 OCT 24 AM 10:19

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

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CITY STATE ZIP CODE

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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)  
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
<u>N/A</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 10-24-2016  
DATE

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

Clear Form

Print Form