Officeholder and Candidate Campaign Statement – Short Form				Date Stamp CALIFORNIA 470		
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	SENDY PEREZ, COUNTY CLERK	FORM For Official Use Only	
		8/19/13		BYDEPUTY		
1.	Statement Covers Calendar Year 20 23					
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Than Entkson		3. Office Sought or OFFICE SOUGHT OR HELD	Held 3 Waster District B	on Member	
	STREETADDRESS		JURISDICTION (LOCATION)	A	DISTRICT NUMBER (IF APPLICABLE)	
	AREA CODE/DAYTIME PHONE NUMBER 530 - 518 - 1221	OPTIONAL: FAX / E-MAIL ADDRESS				
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	NAME OF TREASURER	
<u> </u>	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 use 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 DATE	-	Ву	SIGNATURE OF OFFICEHOLDER OR CANDIDATI		