

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

<p>Date Stamp JUL 13 2016</p> <p>By _____</p>	<p>CALIFORNIA FORM 470</p>
	<p>For Official Use Only</p>

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="font-size: 1.5em; text-align: center;">11/06/2012</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
George A. Magnuson

STREET ADDRESS
3842 Rawhide Road

CITY STATE ZIP CODE
Rocklin CA 95677

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(916) 624-1119

3. Office Sought or Held

OFFICE SOUGHT OR HELD

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
NONE		

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 July 13, 2016 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form