

Officeholder and Candidate Campaign Statement – Report Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
		RECEIVED FEB 01 2021 AMADOR COUNTY ELECTIONS	

Statement Covers Calendar Year 20 21.

Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Steve McLean

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
JACKSON CA 95642

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
209 304 0094

3. Office Sought or Held

OFFICE SOUGHT OR HELD
JACKSON City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
JACKSON City

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>NONE</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 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 2-1-21 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE