

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM **470**

Date Stamp

FILED
SANTA CRUZ CO. ELECTIONS
10 MAR 22 PM 4:08

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

6-8-10

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 10 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Fred Keeley

STREET ADDRESS

CITY

SANTA CRUZ

STATE

CA

ZIP CODE

95060

AREA CODE/DAYTIME PHONE NUMBER

831 454 2397

OPTIONAL: FAX / E-MAIL ADDRESS

475 8454

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Treasurer

JURISDICTION (LOCATION)

Santa Cruz County

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

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
[Handwritten line through table]		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 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

3/22/10

DATE

By

[Handwritten Signature]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE