

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

(Government Code Section 84206)

Type or print in Ink.

SHORT FORM

Date of election if applicable: (Month, Day, Year)  <u>June 8, 2010</u>	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____
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Date Stamp  
*Filed 3/22/10*

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 10.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Gail L. Pellerin

STREET ADDRESS  
\_\_\_\_\_

CITY Scotts Valley STATE CA ZIP CODE 95066

AREA CODE/DAYTIME PHONE NUMBER 408-316-9745

OPTIONAL: FAX/E-MAIL ADDRESS \_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
County Clerk

JURISDICTION (LOCATION) Santa Cruz 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

**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 March 22, 2010  
DATE

By *Gail Pellerin*  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE