

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

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

11/5/24

Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM 470
RECEIVED	For Official Use Only
CITY CLERK/HUMAN RESOURCES	
SEP 23 2024	
CITY OF PLACERVILLE 3101 CENTER STREET PLACERVILLE, CA 95667	

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Ryan Carter

STREET ADDRESS

CITY STATE ZIP CODE

Placerville CA 95667

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Placerville City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

Placerville, CA

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
Carter for Placerville City Council 2024	_____ Placerville, CA 95667	Ryan Carter

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 9/20/24 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE