

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp	RECEIVED CLERK/HUMAN RESOURCES SEP 23 2024 CITY OF PLACERVILLE 101 CENTER STREET PLACERVILLE, CA 95667	CALIFORNIA FORM	470 SUPPLEMENT
			For Official Use Only	

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Ryan Carter

STREET ADDRESS

[REDACTED]

CITY

Placerville

STATE

CA

ZIP CODE

95667

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

Placerville City Council

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

11/5/2024

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

9/20/24

(MONTH, DAY, YEAR)