

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

Date of election if applicable:
(Month, Day, Year)
NOV 8th 2022

Amendment (Explain Below)

Date Stamp
RECEIVED
HUMAN RESOURCES
OCT 28 2022
OF PLACERVILLE
CENTER STREET
PLACERVILLE, CA 95667

**CALIFORNIA
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 _____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

DUNCAN T. ALLEN

STREET ADDRESS

[REDACTED]

CITY

PLACERVILLE

STATE

CA

ZIP CODE

95667

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL

JURISDICTION (LOCATION)

CITY of PLACERVILLE

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 \$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 28th OCT 2022
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE