

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

RECEIVED
CITY CLERK/HUMAN RESOUR

Date Stamp
OCT 27 2022

CITY OF PLACERVILLE
3101 CENTER STREET
PLACERVILLE, CA 95667

CALIFORNIA FORM 470
For Official Use Only

Date of election if applicable: (Month, Day, Year) 11/08/2022	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
---	--

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sean Briggs

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Placerville CA 95667

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council Member

JURISDICTION (LOCATION) <u>City of Placerville</u>	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 10/27/2022 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE