

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

Date of election if applicable: (Month, Day, Year) <u>11-08-2022</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED CITY CLERK/HUMAN RESOURCE OCT 28 2022 CITY OF PLACERVILLE 3101 CENTER STREET PLACERVILLE, CA 95667	CALIFORNIA 470 FORM For Official Use Only
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1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
David Yarbrough

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
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Placerville

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
David Yarbrough for Placerville City Council	_____	David Yarbrough

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 10/28/2022 10/28/2022
 DATE

DocuSigned by:
 By David Yarbrough
 5C7B3881C3E401... SIGNATURE OF OFFICEHOLDER OR CANDIDATE