

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

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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)

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Paul R Godwin

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) 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
NONE		

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 10.27.22 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE