Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
		RECEIVED CITY CLERK/HUMAN RESOURCES OCT 26 2026 CITY OF PLACERVILLE 3101 CENTER STREET PLACERVILLE, CA 95667	For Official Use Only

1. **Statement Covers Calendar Year 20** 26.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
Sean Briggs

STREET ADDRESS
[redacted]

CITY: Placerville | STATE: CA | ZIP CODE: 95667

AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL FAX / E-MAIL ADDRESS

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
City Council Member

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
Sean Briggs for Placerville City Council 2026	[redacted] Placerville, CA 95667	Sean Briggs

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 10/26/2026 (DATE)

By [redacted] (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)