

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

Date of election if applicable:  
(Month, Day, Year)

11/05/2024

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Date Stamp

*Rec'd 9/25/2024*

**CALIFORNIA FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 24 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Phillip Carter

STREET ADDRESS

\_\_\_\_\_

CITY STATE ZIP CODE

Sebastopol Ca 95472

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)

City of Sebastopol California

**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 \$ \_\_\_\_\_ 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 \_\_\_\_\_

Executed on 08/01/2024 DATE

By \_\_\_\_\_ SIGNATURE OF OFFICEHOLDER OR CANDIDATE