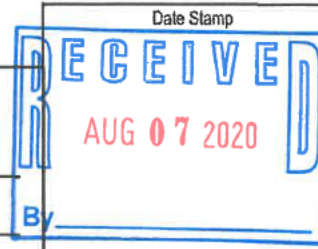


**Officeholder and Candidate
Campaign Statement –
Short Form**

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

NOV 3, 2020

Amendment (Explain Below)



CALIFORNIA FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

TIM SCHAEFER

STREET ADDRESS

CITY

CITRUS HEIGHTS

AREA CODE/DAYTIME PHONE NUMBER

STATE

CA

ZIP CODE

95621

OPTIONAL: FAX / E-MAIL ADDRESS

tim@electtim.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD

COUNCILMEMEBER

JURISDICTION (LOCATION)

CITY OF CITRUS HEIGHTS

DISTRICT NUMBER
(IF APPLICABLE)

3

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
SCHAEFER FOR COUNCIL 2020	[REDACTED] CITRUS HEIGHTS 95621	TIM SCHAEFER

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 7/31/2020
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE