Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
11/5/2024		RECEIVED JUL 30 2026	For Official Use Only

By: _____

1. Statement Covers Calendar Year 20 26.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

TIM SCHAEFER

STREET ADDRESS

[redacted]

CITY | STATE | ZIP CODE

CITRUS HEIGHTS | CA | 95621

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

[redacted]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITRUS HEIGHTS CITY COUNCIL

JURISDICTION (LOCATION) | DISTRICT NUMBER (IF APPLICABLE)

CITRUS HEIGHTS CA | 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 2024 #1429518	[redacted], CITRUS HEIGHTS CA 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 7/30/26
DATE

By [redacted]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE