Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
		RECEIVED JUL 29 2025 CITY CLERK'S OFFICE CITY OF GALT	For Official Use Only

1. **Statement Covers Calendar Year 20** 25.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
SHAWN FARMER

STREET ADDRESS
[redacted]

CITY | STATE | ZIP CODE
GALT | CA | 95632

AREA CODE/DAYTIME PHONE NUMBER
[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS
SFARMER@CITYOFGALT.ORG

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
GALT City Council Member / MAYOR

JURISDICTION (LOCATION)
GALT, CA

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
N/A		

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 7/29/25
DATE

By [redacted]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE