

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

RECEIVED  
Date Stamp  
AUG 13 2024

**CALIFORNIA  
FORM 470**  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
November 5, 2024

**Amendment** (Explain Below)

1. Statement Covers Calendar Year 20 \_\_\_\_ .

By: \_\_\_\_\_

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
NELSON, KELSEY N.

STREET ADDRESS  
[REDACTED]

STATE CA ZIP CODE 95621

CITY Citrus Heights

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
City Council

JURISDICTION (LOCATION)  
Citrus Heights, District 1

DISTRICT NUMBER  
(IF APPLICABLE) 1

**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 |
|--------------------------------|-------------------|-------------------|
|                                |                   |                   |
|                                |                   |                   |

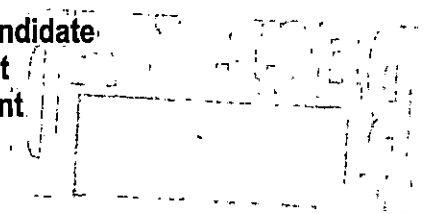
**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$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 August 13, 2024  
DATE

[REDACTED SIGNATURE]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**



**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Date Stamp

\_\_\_\_\_

**CALIFORNIA**  
**FORM** **470**  
**SUPPLEMENT**

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

\_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Office Sought**

OFFICE SOUGHT

\_\_\_\_\_

DISTRICT NUMBER  
(IF APPLICABLE)

\_\_\_\_\_

DATE OF ELECTION (MONTH, DAY, YEAR)

\_\_\_\_\_

**3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

\_\_\_\_\_  
(MONTH, DAY, YEAR)